

Permission For Dental:

Admission Date: _____ File# _____

Owner's Name: _____ Pet's Name: _____

I verify I am the owner (or Authorized agent for the owner) of the above named pet. I authorize Three Counties Animal Hospital to perform dental prophylaxis, on the above named animal.

Should unexpected life-saving emergency care be required, the staff of Three Counties Animal Hospital has my permission to provide treatment. I understand that the owner is financially responsible to Three Counties Animal Hospital for all applicable charges related to this animal regardless of outcome. I also understand the estimated cost for this procedure(s) is

_____.

Extractions may be indicated if teeth are loose, broken or decayed or there is severe periodontal disease. There may be additional charges depending on the number of teeth extracted and the severity of disease.

I give permission for all necessary extractions _____ (initial). I understand, it is the doctor's recommendation, that your pet will be given a pain injection if extractions are done (at an additional cost) _____ (initial).

Owner's Signature: _____

Daytime Phone number: _____