



Consent for Additional Dental Services If Needed

Because many oral diseases cannot be detected during routine physical examination, once your pet is under anesthesia, your doctor will complete a comprehensive oral exam carefully checking each tooth, evaluating the gums, and screening for oral cancer. Your doctor may find one or more teeth that may need additional periodontal treatment such as reducing pocket depth, or extraction if the teeth are mobile or diseased. These recommendations are made with your pet's long term health and pain-free quality of life in mind.

In case any additional dental services are considered necessary to restore health and save teeth in the doctor's professional judgment, please select one of the following options:

1 I prefer that you proceed with all necessary dental procedures. _____ (initial)

2 I prefer to be called before any additional procedures are performed, other than emergencies. If I **cannot be reached**, I **authorize** you to proceed with all necessary dental procedures. _____ (initial)

3 If I **cannot be reached** by phone, I **do not authorize** any unforeseen dental procedures. I understand that my pet may be awakened with a problem tooth or teeth, and may need an additional anesthetic procedure in the near future. _____ (Initial)

Your signature confirms that you have read this information and understand it. At any time during your pet's treatment, you may ask for an updated estimate. Thank you.

Client Signature

_____ **Date** _____