

Dental Authorization Form

Date:

Name of Owner/Agent:

Name of Animal:

I am the (owner) (agent) for this animal. I legally authorize the Doctors and Staff of Mt. Pleasant Animal Clinic to perform the following procedures. (Initial the desired procedures)

- 1.) Dental Cleaning _____
- 2.) Periodontal Treatments _____
- 3.) Dental Radiographs _____
- 4.) Extractions _____
- 5.) Other procedures deemed prudent and helpful by the Doctors and Staff _____
- 6.) (Describe any other procedures)

I understand that each level of dental care may carry substantial additional charges.

I understand there are no guarantees regarding cures, improvements, or recoveries.

I understand the procedures, treatments, medicines, anesthetics, and surgeries have substantial risks to the health and life of this animal. I understand there can be adverse events and developments during these procedures. I will not hold the doctors or the staff responsible or liable in the case of an adverse event.

I intend to pay by (Cash) (Check) (Credit Card)

I can be reached at the following telephone number: _____

Signature: _____