

Client _____
Pet _____
Weight _____
Age _____

PAWS AND CLAWS MEDICAL CENTER

Dentistry Authorization Form

Please take time to review this sheet, and sign the authorization.

We have scheduled for a dental prophy and/or treatment, _____.

We expect to discharge your pet @ _____.

Like you, our greatest concern is the well being of your pet. If acceptable lab analysis has not already been completed, we will complete this before putting your pet under anesthesia. Results will be reviewed prior to initiating anesthesia. **If any significant abnormalities are detected**, our veterinarian will contact you and discuss further diagnostics and/or recommendations.

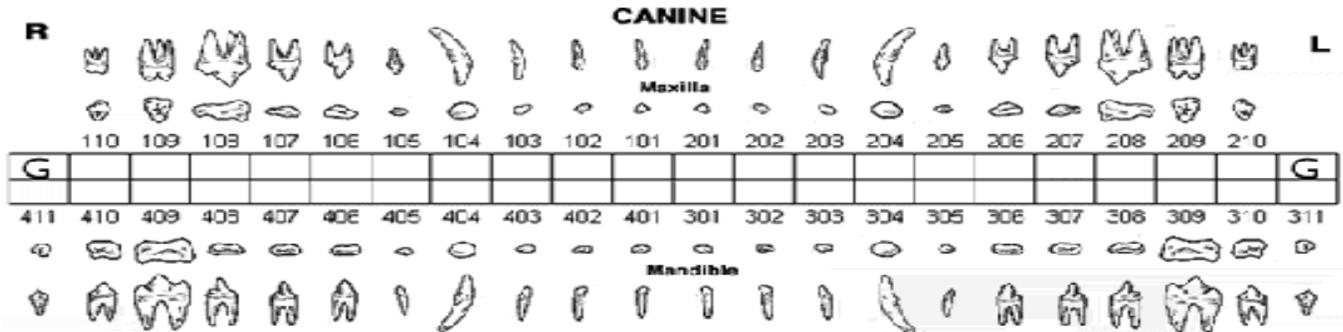
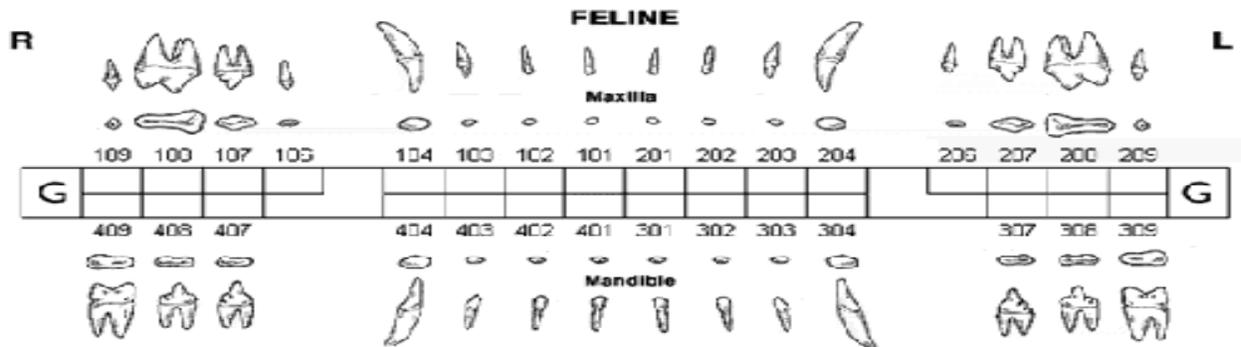
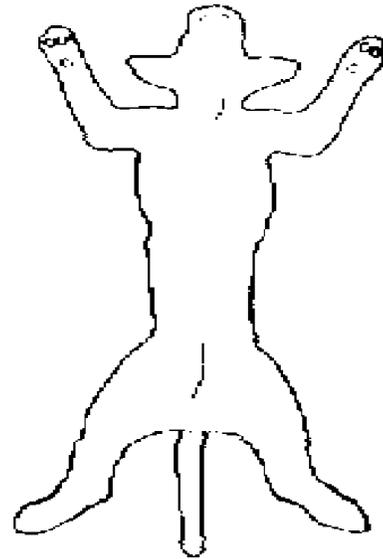
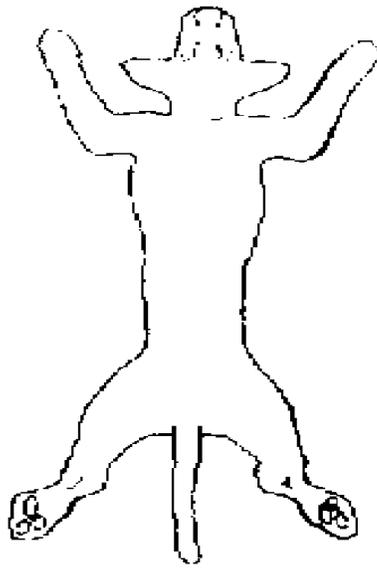
Are there any other services you would like performed today?

Please initial or check to accept or decline for the following common services.

Accept	Decline	
_____	_____	Please take dental X-rays of all teeth.
_____	_____	Please complete a urinalysis. (recommended if >6 years)
_____	_____	Please take a chest X-ray to detect any hidden heart/lung disease. (recommended if >6 years)
_____	_____	Please remove the indicated growths or tumors on my pet. (indicate anatomic location)
_____	_____	Please scan my pet, if no microchip is found, please permanently identify with a microchip.
_____	_____	Please trim my pet's nails if indicated. _____
_____	_____	Please clean my pet's ears if indicated.
_____	_____	Please express my pet's anal sacs.
_____	_____	Please brush or clip out mats if indicated.

I have received a written estimate for the prescheduled services. I can be reached at _____ today. My pet has not had any food since last night. I am the owner/agent for described animal and I authorize and request the services listed on this form and/or outlined in the Standard Dental Prophy Information Sheet. I understand, and accept that when anesthesia is involved, there are always inherent risks, including death. I understand that those services are in addition to the standard dental prophy fee. I have indicated any additional services I would like performed with a check mark or my initials. I understand that pain and/or antiemetic medication will be provided if deemed reasonable. I understand that I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet today.

Signature: _____ Date: _____



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