



Pet Headquarters , 4920 Verdugo Way, Camarillo, CA 93012. PH: 8053881990 , E- Mail : petheadvet@gmail.com

Dental Procedure Authorization Form

Client Name: _____ Patient: _____

Procedure: _____

Extraction Consent:

Once your pet is anesthetized the veterinarian will thoroughly examine your pet's teeth and review dental x-rays. Your veterinarian will then call you with these results and discuss any recommendations. If any additional dental work (such as a tooth extraction) is recommended, then an updated estimate on cost will be provided. If your veterinarian is unable to contact you or your authorized agent, we need to know your preferences:

If contact cannot be made at the phone numbers provided within 15 minutes, I prefer the following:

- Proceed with all recommended procedures, including tooth extractions, as determined by the doctor.
- Proceed with recommended procedures, including unforeseen tooth extractions up to \$ _____.
- Do not extract any teeth or perform any additional treatments. I understand that no work will be performed, and an additional anesthetic procedure may be needed. This will increase the cost of treatment.
- I prefer my pet be referred to a board-certified veterinary dental specialist, and do not authorize any treatments or extractions.

Post-Operative Pain Control:

- I prefer giving oral tablet medications.
- I prefer giving oral liquid medications.
- I am unable to give any oral medications and prefer injection medication when possible.

Additional services request:

I would like NSVC to perform these additional treatments while my pet is in the facility:

- Nail trim with anesthesia (\$10)
- Ear cleaning/flush (cost \$38 - \$54)
- Microchip placement (cost \$65, includes registration)
- Administer vaccinations due (cost varies - \$27- \$64 each)
- Oravet Application (cost \$24 - \$68) - This dental sealant helps prevent bacteria and tartar build up.
- Oravet kit to take home and apply once weekly (cost \$47.34 + tax, about 3-4-month supply)

I understand that no guarantee or warranty for success or outcome can be given and that some risks are involved in all anesthetic procedures. The risks have been explained to my satisfaction and Pet Headquarters Veterinary Hospital has my permission to perform the procedures as listed above. I understand Pet Headquarters Veterinary Hospital is not open for overnight care and is not staffed by a medical team after hours. I understand that I assume financial responsibility for all services rendered, and that payment is due at the time I pick up my pet.

Client Signature _____ Date: _____

Contact Phone Number #1 _____ Text message okay: Y / N

Contact Phone Number #2 _____ Text message okay: Y / N

{OFFICE USE ONLY} Technician/DVM Witness (initials) _____ Discharge Time _____