

Client _____
 Pet _____
 Weight _____
 Age _____



Beaver Lake Animal Hospital

Dentistry Authorization Form

Ace _____ cc
 Atr _____ cc
 Mor _____ cc
 Torb _____ cc
 Bup _____ cc
 Dom _____ cc
 Mid _____ cc
 Ket _____ cc
 Prop _____ cc
 Rim _____ cc
 Clin _____ cc
 Dual _____ cc

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

We have _____ scheduled for a dental prophylaxis and oral evaluation, _____.

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** – Dr. Bennett 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 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 am the owner/agent for described animal and I authorize and request the services listed on this form. I understand, and accept that when anesthesia is involved, there are always inherent risks, including death.

My pet has not had any food since last night.

I have received estimate # _____ ranging from \$ _____ to \$ _____ for the prescheduled services. I understand services/treatments not listed on the estimate are not included and will incur additional charges if performed. I understand Dr. Bennett will try to contact me if further treatment is recommended. If I am not available I authorize Dr. Bennett to complete any recommended treatments. I have indicated any additional services I would like performed with a check mark or my initials above. 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.

I can be reached at _____ today.

Signature: _____ **Date:** _____

Or

I am the owner/agent for described animal and I authorize and request the services listed on this form. I understand, and accept that when anesthesia is involved, there are always inherent risks, including death.

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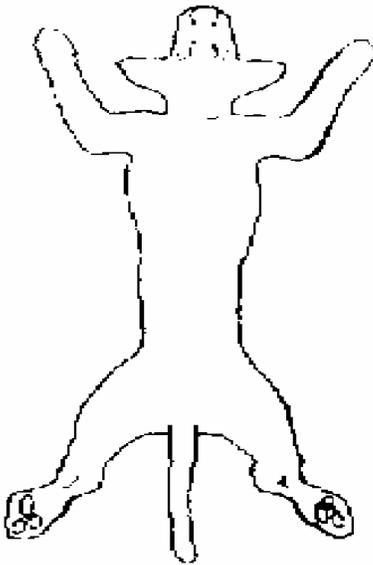
I have received estimate # _____ ranging from \$ _____ to \$ _____ for the prescheduled services. I understand services/treatments not listed on the estimate are not included and will incur additional charges if performed. I understand Dr. Bennett will try to contact me if further treatment is recommended. If I am not available no further treatment will be completed and my pet will be recovered from anesthesia. I have indicated any additional services I would like performed with a check mark or my initials above. 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.

I can be reached at _____ today.

Signature: _____

Date: _____

Left **TOPSIDE** Right



Right **UNDERSIDE** Left

