

Williams Animal Clinic Dental Treatment Consent Form

DATE: _____
Owner: _____ Case No: (Office Use) _____
Street: _____ City: _____
Phone: _____
Patient: _____ Breed: _____
Sex: Male/ Female (Circle One) Age: _____
Color: _____

PROCEDURE: _____

Our Goal is to provide your pet with as healthy a mouth as possible. Your commitment to this goal is important to our long-term success.

I, the undersigned, certify that I am the owner/agent of the animal described above. I give Williams Animal Clinic the permission to perform the following:

Please check one of the following below:

CURRENT MEDICATIONS: _____

- Perform any extractions or periodontal surgery necessary to avoid another anesthetic procedure later.
- Call me first, but if you cannot reach me by telephone, you may proceed with any procedure(s) deemed necessary.
- Please clean and polish **ONLY** unless you reach me by telephone. I understand that you will wake my pet without even doing the simplest of any additional procedure(s). I also understand that should I agree to the recommended procedure(s) at a later date, there will be additional charges for the anesthetic and procedure(s).

Signature: _____ Date: _____

Phone number where you may be reached today. 1. _____
2. _____