



141 East Main Street
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I authorize the performance of the following procedures: _____

Factors that limit our ability to detect every dental problem your pet might have with just an oral exam can include:

1. Lack of patient cooperation can impair visualization, especially back teeth and under tongue.
2. Many periodontal problems can be detected only by probing under the gum with an instrument.
3. Many problems require intraoral radiographs to diagnose
4. Dental tartar can hide underlying cavities or fractures.

If further problems are detected while your pet is under anesthesia, how should they be handled?

Choose one of the following:

_____ Do whatever is needed to give my pet a healthy oral cavity.

_____ Please contact me at the phone number below before doing any additional dental procedures

If I can't be reached by phone while my pet is under anesthesia, then

_____ Perform whatever procedures are needed.

_____ Do only what I have authorized. I understand that additional dental work might be required including another anesthetic episode to complete the dental treatment.

Phone numbers where I can be reached today:

Primary: _____ Secondary: _____

Should an **emergency** arise, calling for procedures in addition to, or different from those now contemplated, I further request and authorize whatever **emergency** treatment is needed. I consent to the administration and use of anesthesia. I agree to pay in full for all services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. I understand that death of my pet could occur due to the use of anesthetics. The nature and purpose of the procedures, possible alternative methods or treatment, risks involved, and possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance had been made as to the results that may be obtained.

Signature

Pet Name

Date



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