

Holcomb Bridge Animal Hospital  
1575 Holcomb Bridge Road  
Roswell GA 30076  
770-998-8865

## Dental Authorization Form

Owner \_\_\_\_\_ Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Procedure \_\_\_\_\_

Phone # to Contact \_\_\_\_\_

Today \_\_\_\_\_

All patient undergoing a dental procedure, all pets are given the following:

- Pre-surgical exam
- General Anesthesia and Monitoring
- Ultra scaling and Polishing
- Gingival treatment
- Fluoride Treatment
- OraVet Barrier Sealant
- Injection of a 48-hour antibiotic
- In-patient Care
- Nail Trim

After all tartar and plaque have been removed, an oral exam is repeated to see if there is advanced gum disease or infected teeth. If gum disease or deep pockets of infection are found, dental radiographs and/or extractions may be necessary. Additional anesthesia may be required due to the length of the procedure if extractions are involved.

**I wish to be contacted prior to radiographs or extractions** \_\_\_ Yes \_\_\_ No

*If our dental technician cannot contact you at the phone number you left:*

\_\_\_ I OK the procedures that are necessary for my pet(s) health.

\_\_\_ I do not want any procedures done.

**It is our clinic policy all pets having an extraction are given a painkiller and an antibiotic injection.**

I authorize the Veterinarians of Holcomb Bridge Animal Hospital (and their designated assistants) to administer treatment as is needed: perform surgical procedures as deemed necessary: and such additional procedures as are considered therapeutically and/or diagnostically indicated on the basis of findings during the course of evaluation. I consent to the administration of necessary anesthetics.

I have read and fully understand the above Authorization for Medical and/or surgical treatment. I also certify that no guarantee has been made as to the results that may be obtained.

I agree to pay upon estimate for surgery (with +/- of 15% range on the estimate) in total.

Signature of owner or representative:

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