



1103 Woodland Street Nashville, TN 37206
615-750-2377

Name _____ Pet Name _____ Date _____

I, the undersigned owner, or owner's authorized agent, of the pet _____ certify that **I am / am not** (circle one) over eighteen years of age. I have been informed that my pet is in need of preventive or therapeutic dental care and hereby consent to the appropriate procedures described to me by staff veterinarians at this facility. These procedures include but are not limited to the following: 1) dental prophylaxis (routine teeth cleaning), 2) extractions, 3) oral surgery to close gaps left by extractions, and (4) antibiotic gel implants.

I am aware that dental procedures for animals require the use of anesthesia to: 1) maximize visualization of the gums, teeth, and oral cavity, 2) minimize movement and discomfort, and 3) provide for the safety of the pet, doctors, and hospital staff. I understand that some risks always exist with anesthesia and dental procedures and that I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before these procedures are initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the staff at this practice has my permission to provide such treatment and I agree to pay for such care. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

I have been informed that examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted, or would benefit from an antibiotic gel implant under the gum line to prevent oral discomfort and ongoing infection of surrounding bone. I also have been informed that the loss or removal of one or more unhealthy canine teeth occasionally allows for an awkward protrusion of the tongue to one side or the other. I am aware that the cost of dental extractions and/ or an antibiotic gel implant is in addition to the estimated cost of the dental prophylaxis.

Antibiotic gel implants:

- \$37.50 per 3 affected teeth requiring implant

Dental extractions (per tooth):

- Simple extraction - \$15.45 Minor extraction - \$28.75 \$Major extraction - \$98.45

In addition, antibiotics and pain medications to go home are decided on an individual patient basis, and costs of these medications are in addition to the estimated cost of the dental prophylaxis.

If my pet has more than _____ (number) such teeth that should be extracted or _____ (number) such teeth that require antibiotic gel implants, I request that a staff member contact me for authorization or information about other options. If I cannot be reached while my pet is undergoing anesthesia and dental care, I consent to additional extractions or antibiotic gel implants at the discretion of the attending doctor and agree to pay for all related fees. Otherwise, all questions and concerns I have about the recommended dental procedures have been answered to my satisfaction.

I understand that an estimate of the fees for the above dental care will be provided to me and that I am encouraged to discuss all fees related to such care before services are rendered.

I would like to have my pet micro-chipped while under anesthesia today at a cost of \$45.00 **YES / NO**

Phone number(s) where I can be reached today

Signature of Owner or Authorized Agent

Date