



Dental Procedure Authorization Form

Client Name: _____ Patient: _____

Patient #: _____ Date: _____

Extraction Consent

Since it is difficult to predict the extent of dental disease on a visual exam, variations from cost in the estimate may occur once your pet is anesthetized. In cases where further work is recommended, and further expenses may result, every attempt will be made by the doctor to contact the authorized agent to discuss the case.

If contact cannot be made at the phone numbers provided within 15 minutes, I prefer the following:

- Proceed with all recommended procedures, including unforeseen tooth extractions, as determined by the doctor.
- Have the doctor proceed with recommended procedures, including unforeseen extractions, up to \$ _____ in cost (additional extractions and treatment cost can range from \$75-\$1500).
- Do not extract any teeth or perform any additional treatments. I understand if I cannot be reached within 15 minutes, no additional work will be performed, and an additional anesthetic procedure may be needed. This will increase the cost of treatment.
- I prefer my pet be referred to a board certified Veterinary Dental Specialist and do not authorize any additional treatments or extractions.

Oravet Dental Sealant

We recommend application of professional strength Oravet Gel dental sealant after your pet's dental cleaning. This product helps prevent the bacteria that cause plaque and tartar from adhering to teeth. The in-hospital professional strength application lasts for 4 weeks. An Oravet take home kit is also recommended for home care. Application of this flavorless gel should take no more than 30 seconds once weekly.

- Yes, I would like Oravet applied after the dental cleaning. The cost of professional strength sealant applied after the dental cleaning is **\$21.00 for cats** and **\$20.00 - \$59.00 for dogs** (based on size and number of teeth present).
- Yes, I would like a take home kit to apply once weekly at home. The cost of the home care sealant product is **\$45.00 + tax**. One box may last up to 4 months (depending on size of pet).

- *I hereby authorize for my pet to be anesthetized for dental cleaning and other recommended dental procedures.*
- *I understand that no guarantee or warranty for success can be given and that some risks are involved in all procedures. The risks have been explained to my satisfaction and North Seattle Veterinary Clinic has my permission to perform the procedures as listed above.*
- *I understand that the ultimate success of the proposed dental treatment may depend on adequate home care and follow-up and acknowledge my responsibility in this regard, particularly for periodontal disease.*
- *I understand that I assume financial responsibility for all services rendered, and that payment is due on the day of service.*

Authorized Agent Signed: _____ Date: _____

Contact Phone Number: _____ or _____

Other Authorized Agent Phone Number: _____ Ask for: _____

Technician/DVM Witness: _____ (Initials)