



DENTAL CONSENT FORM

865-986-5450

601 Highway 321 N

Lenoir City, TN 37771

lenoircityanimalclinic.com

Owner Information

Name (Primary Contact): _____

Mobile #: _____ Work #: _____

Email: _____

Emergency Contact (Second Contact): _____

Emergency Phone #: _____

Patient Information

Pet Name: _____ Species: _____

Breed: _____ Age: _____

Your pet has been scheduled for a dental procedure. Under most circumstances, it is not possible to fully assess the extent of a dental procedure without anesthesia. A full oral examination is only possible after the animal has been anesthetized. As a result, we often find unexpected extractions or other issues only after the procedure has begun.

Please choose how you would like us to handle unexpected dental work:

- I authorize the attending veterinarian to perform any extractions, x-rays, or procedures deemed necessary while my pet is anesthetized.
- Please attempt to contact me prior to any additional procedures are performed on my pet. If you are unable to contact me, I authorize any additional treatment deemed necessary.
- Please contact me regarding any additional procedures. If I am not available, **DO NOT PROCEED**. I understand this will require my pet to undergo anesthesia at a different time and at an additional cost.

Authorization

I represent/own the pet listed above and hereby authorize the hospital to perform the above procedure(s). The nature and purpose of the procedure(s) has been explained to me and I understand that no guarantee exists as to the result or diagnosis and treatment of my pet.

I have had the fees outlined to me and I agree to pay an initial deposit based on the fees. I also agree to pay the remaining fees and any additional charges incurred when my pet is discharged from the hospital's care. I also acknowledge, by signing this form that I have read and understand all information included on this form.

Signature: _____ Date: _____