

Brookfield Animal Hospital

DENTAL CONSENT FORM

For

Many pets require sedation before a thorough dental exam can be performed. In the course of cleaning and evaluating each of your pet's teeth, additional dental disease may be detected that requires treatment procedures beyond those estimated. We recommend completing all needed dental procedures during this visit so you can avoid scheduling another appointment with additional sedation costs. To facilitate communication and minimize your pet's anesthetic time, please check below your consent preference.

_____ I **DO NOT** need to be contacted prior to performing additional necessary procedures and accept full financial responsibility for all additional procedures performed above the estimate. I understand that all additional procedures will be explained to me at discharge of my pet.

_____ I **DO** wish to be contacted prior to performing any additional procedures beyond the written estimate. I understand that a hospital representative will contact me for verbal consent regarding additional estimated costs.

In the event I am *unable to be reached* at my contact number during my pet's procedure:

_____ I **AUTHORIZE** any additional necessary procedures and accept full financial responsibility for all additional procedures performed above the estimate. I understand that all additional procedures will be explained to me at discharge of my pet. *Optional: I do not authorize the bill to exceed \$ _____.*

_____ I **DECLINE** any additional procedures at this time. I understand any recommended treatments can be performed at a later date, but will require another anesthetic.

Please contact me at the following phone number. _____

Owners Signature

Date