

Dental Extraction Form

Please read your options below and intial all that apply. Then, sign and date.

_____ Yes, I approve extractions and the additional costs that may occur, when its medically necessary while my pet is under anesthsia.

_____ I would like to discuss any extractions and the additional cost before any extractions are done. In the event that I can not be reached while my pet is under anesthesia , I understand for the health of my pet ,extractions will be done at that time.



Sign: _____

Date: _____

_____ Yes, I would like before and after pictures of my pet's teeth.

_____ No, I would not like any before and after pictures of my pet's teeth.

Email Address: _____