



Dental Assessment and Treatment Consent Form

Client Name _____

Pet Name _____

Home Phone _____

Cell Phone _____

Procedure(s) _____

Telephone numbers where you can be reached today during the dental procedure:

1. _____

2. _____

3. _____

Emergency # of someone authorized to make decisions for you if you cannot be reached:

Alternate's Name _____

Phone _____

It is very important that the doctor or veterinary nurse be able to reach you during the dental procedure to discuss the dental assessment and estimate for treatment. If you or your agent cannot be reached at this time, please indicate your choice by signing below:

1. Treat my pet as needed. Do any and all diagnostic tests, treatments, extractions and oral surgeries necessary for the well-being of my pet. I accept full financial responsibility for all charges incurred by my pet.

Owner's Signature: _____ Date: _____

2. Treat my pet as needed, but not to exceed \$ _____. I understand that if appropriate treatment exceeds the amount designated, my pet will NOT receive further medical treatment. I accept full financial responsibility for all charges incurred by my pet.

Owner's Signature: _____ Date: _____

3. Do not perform any additional diagnostic tests, treatments, extractions or oral surgeries, besides the ones on my original estimate, without contacting me first.

Owner's Signature: _____ Date: _____