

**Social Circle Veterinary Hospital**  
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**Social Circle, GA. 30025**  
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**DENTAL CONSENT FORM**

**Client Name:** \_\_\_\_\_ **Pet Name:** \_\_\_\_\_

**Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Sex:** M F

Since your pet is having a dental procedure today there is the possibility there may be some unforeseen medical issues while your pet is under anesthesia. If further issues are detected do you:

- 1) Authorize the extraction of any loose or infected teeth, I understand there will be additional fees for extractions as well as the use of a Nerve Block. **Initial** \_\_\_\_\_

**OR**

- 2) Please contact me at this number \_\_\_\_\_ before any additional medical procedures are performed. If for some reason I am unavailable when you call:

- a) Perform whatever procedures are needed, I understand there will be additional fees for extractions as well as the use of a Nerve Block. **Initial** \_\_\_\_\_

**OR**

- b) Do only what I have authorized. I understand my pet may need to undergo an additional anesthetic procedure to complete the dental treatment. **Initial** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Owner or Agent**

\_\_\_\_\_  
**Date**