



Owner: _____ Pet: _____

I hereby authorize and direct the veterinarians of the Winchester Animal Hospital to perform a dental prophylaxis on my pet. I understand that any additional procedures and/or treatments may increase the final cost. I understand that the hospital requires all pets be current on their vaccinations, be free of all parasites, and have had a recent physical examination. I realize there is always a risk when anesthetics and other medications are used and when a dental is performed. I also know that results cannot be guaranteed. The doctors have my permission to do what they view necessary for my pet today.

I understand that some unhealthy teeth may fall out on their own during this dental procedure. Initial _____

The Winchester Animal Hospital has medical staffing:
Monday through Thursday 8am-6pm, Fridays 8am-5pm, and Saturdays 8am-12pm. If the doctor feels it is necessary, you will be asked to take your pet to the Veterinary Emergency Center for overnight care.

My pet has had nothing to eat in the last 8 hours. Owner's Initials: _____

Where can we reach you today? _____

Estimate of today's services: _____ or [] See estimate in file.

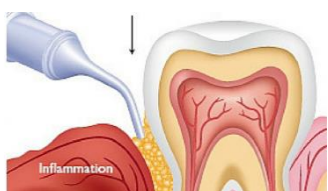
Payment is due when pet is picked up from surgery. Initial _____

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If the doctor finds something unexpected, I would like the following steps taken:

- ___ Do not perform any extra services to my pet.
- ___ You do not need to call me, do what is best for my pet within \$ _____
- ___ Call me before performing any other services. # _____

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I am aware that pre-surgery blood work is recommended for the safety of my pet today.



If my pet has unhealthy gums and an antibiotic treatment medically placed under the gums could help heal the gum and help prevent my pet from losing that tooth, please do the treatment. YES NO **Initial** _____
(The cost for this is \$75.00 no matter how many teeth need to be treated.)

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Signature of Owner _____ Date _____