

All fees for recommended services are available upon request.



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ANIMAL HOSPITAL , P.C.
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Dental Consent Form

Congratulations. You have made the decision to extend your pet's quality and length of life through proper dental care.

Some dental problems may not be fully identified until your pet has a complete oral exam under anesthesia. In order to provide your desired level of care, please choose from the following:

NEEDED DENTAL CARE

- Yes** - please perform any required dental procedures, as my veterinarian deems necessary. I am aware that I am responsible for additional charges as stated below.
- No** - please perform only a routine dental scale and polish. Please try to contact me if possible prior to performing any additional procedures. I am aware that my pet may not receive recommended care.

Services offered include:

- *Basic Dental Prophylaxis
- *Laser Gum Surgery
- *Doxirobe application
- *Extractions (Minor and Major)
- *Dental X-rays

Just like children's dentists we recommend sealant to help decrease the frequency of dental cleanings as well as protect your pet's teeth.

- Yes** - I am aware of the cost of OraVet take home product and today's application services are free.
- No** - I decline OraVet tooth sealant at this time.

Initial: _____ Date: _____

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