

EDGEWOOD ANIMAL CLINIC

DENTAL CONTRACT FORM

Owner: _____

Date: _____

Patient: _____

You've made the right decision to bring your pet in for a dental prophylaxis. Periodontal disease, if left untreated, leads to halitosis, oral infections, and bacterial infections that can enter the bloodstream and cause damage to many major organs. Although we can detect the need for a dental cleaning upon examination of your pet, it is impossible to determine exactly what kind of dental work will need to be done until the animal is anesthetized and we are able to x-ray and evaluate each individual tooth. Many times tartar build up does not allow us to see problems with a particular tooth. Once they are cleaned, we may discover loose, broken or damaged teeth requiring extraction. We would, however, like your approval before doing any of these procedures and to let you know of any additional charges these may occur. Please make sure to leave us a contact number where we can reach you and discuss further treatment and expenses.

In the event we cannot reach you, please indicate your choice of action below by initialing that option.

_____ **Please proceed** with additional procedure. I agree to be responsible for the additional expenses.

_____ **Do not proceed** with any additional procedures. I understand that if I choose the recommended procedures at a later date, my pet will need to be anesthetized at a rescheduled time and additional charges will apply at that time.

Signature _____ Date _____

Please return this form on the day of scheduled procedure. Thank-you