



WATERHOUSE ANIMAL HOSPITAL, INC.  
OF WOODWARD PARK

AUTHORIZATION for DENTAL PROPHYLAXIS and TREATMENT

I hereby authorize the Waterhouse Animal Hospital to perform a dental prophylaxis/periodontal debridement on my pet and any additional diagnostic and/or treatment procedures as deemed necessary. The nature of the procedure(s) has/have been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risk involved in these procedures. I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. Please initial the appropriate space below:

- \_\_\_\_\_ I approve dental X-rays at a cost of \$ \_\_\_\_\_  
\_\_\_\_\_ I approve Propofol anesthesia at a cost of \$ 42.55  
\_\_\_\_\_ I approve Arestin Periodontal Disease Therapy if deemed necessary at \$ 20.10 per application.  
\_\_\_\_\_ I approve pain medication for my pet. The use of pain medication, based on my pet's weight will be \$ \_\_\_\_\_. This medication is recommended only if extractions or surgery is performed.

TOOTH EXTRACTION(S)

- \_\_\_\_\_ I approve any extractions deemed necessary, at an additional fee.  
\_\_\_\_\_ Please call me prior to any extractions at this phone number \_\_\_\_\_  
If unable to reach me by phone I would prefer that Waterhouse Animal Hospital: \_\_\_\_\_ not perform necessary extractions.  
\_\_\_\_\_ perform necessary extractions.

PRE-ANESTHESIA EVALUATION

For the protection of your pet, we highly recommend a pre-anesthesia blood profile be performed. This will insure that your pet is in a low risk category during anesthesia by; ruling out pre-existing internal problems that MAY NOT BE EVIDENT PHYSICALLY, but could lead to complications

- The fee for this blood work is \$ \_\_\_\_\_  
\_\_\_\_\_ I approve pre-anesthesia blood work on my pet.  
\_\_\_\_\_ I decline pre-anesthesia blood work on my pet fully understanding that *there is an increased risk during anesthesia* without the Veterinarian having full knowledge of my pet's medical health.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Work phone number

\_\_\_\_\_  
Cell phone number