

Dental Cleaning Amendment

Date: _____

Client: _____

Patient: _____

Procedure: _____

While I, the undersigned owner or agent of the pet identified above, have authorized South Meadow Animal Clinic to perform the above procedure, I understand that there are certain conditions that can only be fully identified/diagnosed upon a thorough dental exam while the pet is anesthetized. These conditions can include but are not limited to extraction (removal) of diseased teeth and surgical removal of oral/gingival growths or tumors.

The hospital staff will attempt to promptly contact the client upon any unsuspected findings to get approval for additional procedures and costs.

Initial:____ If the hospital staff is **unable to reach me**, they **HAVE MY PERMISSION** to proceed with any additional procedures the doctor feels necessary and **I agree to pay for such services.**

Initial:____ If the hospital staff is **unable to reach me**, **DO NOT** proceed with any additional procedures, with the understanding that my pet may have to undergo another anesthetic procedure at a later date.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Agent _____

Signature of Parent or Legal Guardian _____
(if under 18 years of age)

Phone number I can be reached today _____