Green Cove Animal Hospital Dental Extraction Consent Form Chart: <number> Date: <date> Pet's Name: <animal> <first-name> <last-name> <weight> Owner: Species: <species> Weight: Address: <address> Sex: <sex-name> Age: <age-name> Breed: <city> , <st> , <zip> <bre><bre>d> <color> **Telephone Number:** Color: <area> <phone> In order to minimize the crucial time that <animal> spends under anesthesia, it is important that we know your desires prior to the procedure. We will attempt to call EVERY client if ANY extractions are deemed medically necessary after our veterinarian reviews x-rays and visual of <animal>'s teeth. However, in the event we cannot reach you by phone during the procedure... Please choose and **initial** one of the following: I authorize extraction of any and all teeth deemed necessary by the veterinarian I authorize extractions as long as the cost falls within the given estimate range In this case, some teeth that are diseased may remain due to financial constraints. I **DO NOT** authorize any extractions without my verbal consent. In this case, ALL diseased teeth will remain if we are not able to reach you by phone. The best phone number to reach you today:

Owner's Name: <first-name> <last-name> Owner's Signature: