

665 E Vilas Road
Central Point, OR 97502
Phone: (541) 779-0951
Fax: (541) 779-6498
www.crateranimalclinic.com



Eric Keiser, DVM
Matthew Lawrence, DVM
Whitney Madigan, DVM
Jamie Inglis, DVM
Julie Bernier, DVM

"The technology to treat, the heart to heal"

Dentistry Admitting Authorization Form

Preventative and therapeutic dentistry in cats and dogs consists of placing your pet under general anesthesia and performing a dental prophylaxis where we thoroughly scale (clean) and polish the teeth. Once the teeth are clean, we can examine the different structures of the teeth for pathology (disease process).

We utilize two methods to evaluate the health status of all teeth. The teeth are examined visually and with a dental probe for infection, abscessed roots, mobility, and any other defects or pathology. Also, dental radiographs can be valuable to detect diseased teeth especially in situations where the disease process involves only the tip of the root(s).

We do everything we can to save partially diseased teeth, but often the disease process has progressed beyond the ability to restore oral health. Therefore, the tooth or teeth must be extracted to resolve the infection. Chronic oral or tooth infections can compromise the health and longevity of your pet by causing infection in other areas of the body such as the liver, kidneys, and/or heart. It is best for the health and longevity of your pet to extract teeth that cannot be restored.

The doctors and staff at Crater Animal Clinic WILL perform an oral exam, full mouth radiographs, and dental prophylaxis today (anesthesia, radiographs, oral exam, scaling/polishing, and hospital stay)

Please initial **1 of the 3 options** for how you would like the doctors and staff at CAC to proceed:

_____ I authorize the doctors and staff to perform any extractions and remedy any oral disease problems as they deem advisable.
I DO NOT NEED A TREATMENT PLAN.

_____ I authorize the doctors and staff to perform any extractions and remedy any oral disease problems as they deem advisable. Please **CONTACT ME** if the procedure would make my total invoice exceed \$_____ today. I understand that if you attempt to contact me and cannot reach me, my pet will be recovered from anesthesia **WITHOUT** the needed additional treatment being performed and will have to return for an additional anesthetic procedure at a later date and an additional cost. I understand that by choosing this option, I am agreeing to be available at my contact number all day.

_____ **DO NOT PERFORM ANY** extractions or treatment other than what has been authorized above **WITHOUT CONTACTING** me first. I understand that if you attempt to contact me and cannot reach me, my pet will be recovered from anesthesia **WITHOUT** the needed additional treatment being performed and will have to return for an additional anesthetic procedure at a later date and an additional cost. I understand that by choosing this option, I am agreeing to be available at my contact number all day.

Additional Services Requested: 1: _____
2: _____

Do you require a treatment plan for the services being done today? (please initial) YES _____ NO _____

Telephone Number(s) where I can be reached today; 1: _____
2: _____

I am the agent or owner of the above animal and have the authority to execute this consent. I hereby authorize the doctors and staff of Crater Animal Clinic to perform the indicated procedures above. I understand that I am responsible for payment at the time my pet is discharged.

Signature of Owner/Authorized Agent

Date _____