



770-271-7777 5305 Nelson Brogdon Blvd (HWY 20) Sugar Hill, GA 30518 SugarHillAnimalHospital.com

DENTAL CONSENT FORM

Congratulations! You have made the decision to extend your pet's quality and length of life through proper dental care.

Some dental problems may not be fully identified until your pet has a complete oral exam under anesthesia. In order to provide your desired level of care, please choose from the following:

Needed Dental Ca	ıre
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Need	ded Denta	al Care		
	Yes - Please perform any required dental procedures, as my veterinarian deems necessary. I am aware that I am responsible for additional charges as stated below.			
	prior to		ital scale and polish. Please try to contact me if possible, es. I am aware that my pet may not receive	
	•	Basic Dental \$288.25	• Extractions \$29.00- \$150.75	
	•	Comprehensive Dental \$355.00	Dental X-Rays \$94.50	
	•	Laser Gum Surgery \$88.75	Doxirobe Application \$76.50	
	*Antibiotics: Injections (Depend of Wt. Of Pet) + Possible Take Home Medication			
clean		e children's dentists, we recommend rell as protect your pets teeth.	d sealant to help decrease the frequency of dental	
	Yes	s – I would like a 30 day supply of O	raVet take home chews	
	Yes	- I would like a 14 day supply of O	raVet take home chews	
	□ No	 I decline OraVet chews at this time 	е	
Clien	nt Signatur	re:		