



# DENTAL AUTHORIZATION

CLIENT ID: \_\_\_\_\_ PATIENT: \_\_\_\_\_ CLIENT: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_ LAST GIVEN: \_\_\_\_\_

LAST MEAL GIVEN: \_\_\_\_\_ WATER IS OK

DAYTIME PHONE NUMBER: Mr. Mrs. Ms. / WORK HOME CELL \_\_\_\_\_

PRE-ANESTHETIC LAB TESTING (\$84.00) Aids in selecting the safest anesthetic and sedative drugs. Strongly recommended (required if > 6 years of age) YES NO

**IF EXTRACTION (S), CAVITY REPAIR OR GINGIVECTOMY ARE NEEDED:**

- Please do WHATEVER IS NEEDED.
- CALL FOR PERMISSION to do anything else necessary

Must be available between 9 AM and 4PM IF UNAVAILABLE, NEEDED PROCEDURES WILL BE DONE

IF ANTIBIOTICS ARE NEEDED I PREFER: TABLETS OR LIQUIDS

ADDITIONAL SERVICES AVAILABLE: Nail Trim (50% off) Examination Heartworm Test EarCleaning  
Anal Gland Cleaning Fecal

SPECIFY: \_\_\_\_\_

TOYS COLLAR LEASH CARRIER BEDDING

DESCRIPTION: \_\_\_\_\_

I understand that any medical or surgical procedure may be attended by unforeseen risk. In the event of illness or injury, I authorize the **Gaithersburg Animal Hospital** to administer treatments and medications as necessary for the health, safety, comfort and well-being of the above described animal.

We gladly provide written estimates of anticipated costs upon request. Payment in full is required at discharge. VISA, Mastercard and Discover, in addition to personal checks with proper identification (MD driver's license or picture ID) are accepted.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RECEPTIONIST: \_\_\_\_\_ NURSE: \_\_\_\_\_ DOCTOR: \_\_\_\_\_