

Lake Geneva Animal Hospital
Authorization for Professional Services

Name of Owner _____ Name of Pet _____
Canine / Feline Age: _____

As your pet's health is our utmost concern, occasionally during routine dental cleanings we find teeth that are in need of extracting. We will only recommend extraction if the teeth are damaged, loose or painful. In the event that extractions are recommended, how would you like us to proceed?

_____ Call before any extractions are done.

If we are unable to reach you at the phone number provided, what would you like us to do?

_____ Do the necessary extractions based on the doctor's discretion. (Extractions range in price from \$9 to \$55, depending on complexity).

_____ Do NO extractions and recover your pet from anesthesia WITH the KNOWLEDGE that further anesthesia may be required at a later date to remove teeth.

_____ Extract teeth at the doctor's discretion. No call is necessary.

Signature of owner/agent _____ Date _____

Phone number where you may be reached TODAY: _____