

**Animal Clinic of Spokane**  
Dental Authorization Form

**Client Information:**

**Phone number that you can be reached at ALL day:** \_\_\_\_\_

**Alternative phone number:** \_\_\_\_\_

**What might be needed:**

The following outlines specific parts of the dental procedure that may or may not be needed for your pet. This part of the form is to make you aware of any possible additional costs that might be incurred, along with your consent or waiver of these procedures.

**Dental Radiographs: (\$30 to a max of \$100)**

During a dental cleaning only the portion of the teeth above the gum lines are able to be adequately examined; therefore, it is sometimes necessary to use radiographs to help determine if there is damage below the gum line or to its root.

YES, Dental Radiographs are fine if necessary

Please call prior to performing dental radiographs

**Extractions: (Price varies on difficulty of extraction)**

During the dental cleaning we may find teeth that have irreparable damage, or that have an infection or exposed root. Unhealthy or decaying teeth can lead to further health complications for your pet. Extractions are only performed when medically necessary and are the best course of action to ensure the health of your pet.

YES, I give consent for extractions if the Doctor deems necessary

Please call prior to extracting any diseased teeth

**Doxirobe Gel: (\$59 to \$79)**

After cleaning and examination of the mouth, we may find extensive gingival pockets that put the tooth at risk for infection and eventually loss. Application of Doxirobe Gel, a long acting antibiotic, into the pocket may save that tooth.

YES, you have my consent to apply Doxirobe Gel if indicated

NO, I decline the Doxirobe Gel

Signature: \_\_\_\_\_

Date: \_\_\_\_\_