

# PIKESVILLE ANIMAL HOSPITAL



**Dental Intake Questionnaire For** \_\_\_\_\_

(Pet's Name)

*If extractions are needed today, do you:*

\_\_\_\_\_ *authorize the veterinarian completing the procedure to extract the necessary tooth/teeth without notification?*

OR

\_\_\_\_\_ *want the veterinarian to call prior to proceeding with extractions?*

*If we can not reach you at the provided phone number, do you authorize the veterinarian to use their best judgement with regards to extractions and treatment while your pet is under anesthesia?*



*\*Please provide a phone number where you can be reached today:* \_\_\_\_\_

*Client Printed Name* \_\_\_\_\_

*Client Signature* \_\_\_\_\_

*Date* \_\_\_\_\_