Tech Initials:	Date:		Client #:	
	Dental Ext	tractions Authorization y Clinic 7311 E. Thomas Road Scottsdal	Form e, AZ 85251	
Client Name: Breed:	Age:	Patient Name: Color:	Sex: Male Female	
Phone number	where I can be reached to	day 9am-9pm:	Altered? Yes No	
2.		<del>_</del>		
2.1	I understand the cost for f \$1334.12 for cats \$1626.04 for dogs we \$2008.22 for dogs we (Extraction does not inclu- medications and antibioti Please extract teeth up to a I understand this budget r extractions; I also unders medications and antibioti Extractions range in cost	ighing less than 35 pounds ighing greater than 35 pounds ighing greater than 35 pounds ade the costs of: dental cleans cs, these will be additional combudget of \$  budget of \$  may not cover expenses associated that the cost of the dental cs must also be considered in	ing \$320, prescribed pain osts that I authorize) ciated with all recommended al cleaning \$320, prescribed pain a addition to this budget given)	
	(I acknowledge that my pe	et will be under anesthesia di	uring this phone call attempt.)	
If I am unable	to be reached, please:a.) Follow Instruct	tion #1: extract as necessary		
	b.) Follow Instruction #2: follow allotted budget, see above			
	later I underst	• •	nesia. (If extractions are desired red a second time incurring a	
Please Initial:	Your pet's teeth are held in place by the periodontal ligament, and over time dental disease can cause this ligament to deteriorate. When the tartar is removed by scaling during the dental procedure, many times this then results in a tooth or multiple teeth falling out, especially in pets with higher grades of periodontal disease.			
Signature: Please initial i	f you would like for your r	Date: pet's teeth to be saved:		