



South Meadow Animal Clinic
Dental Cleaning Amendment

Date: _____

Client: _____

Patient: _____

Procedure: _____

While I, the undersigned owner or agent of the pet identified above, have authorized South Meadow Animal Clinic to perform the above procedure, I understand that there are certain conditions that can only be fully identified/diagnosed upon a thorough dental exam while the pet is anesthetized. These conditions can include but are not limited to extraction (removal) of diseased teeth and surgical removal of oral/gingival growths or tumors.

The hospital staff will attempt to promptly contact client upon any unsuspected findings to get approval for additional procedures and costs.

Initial: _____ If the hospital staff is **unable to reach me**, they **HAVE MY PERMISSION** to proceed with any additional procedures the doctor feels necessary and **I agree to pay for such services.**

Initial: _____ If the hospital staff is unable to reach me, **DO NOT** proceed with any additional procedures, with the understanding that my pet may have to undergo another anesthetic procedure at a later date.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Agent

Signature of Parent or Legal Guardian

(if under 18 years of age)

Phone number I can be reached
