

BULLARD ANIMAL HOSPITAL
5700 POWDER SPRINGS RD.
AUSTELL, GA 30106

DR. MICHAEL AIKEN DR. DANA SALMON DR. WHITNEY HALE DR. JEANNE GRIM

DENTAL PROCEDURE CONSENT FORM

I understand that during the dental procedure, a doctor will examine the gums and tooth roots of my pet. I also understand that if any teeth are beyond saving medically and the doctor deems it necessary to extract any and all teeth, the extractions will occur during the dental procedure. There may be an **additional charge of \$12-\$75 per tooth** extracted depending on the type of tooth.

Signature of Owner

During the dental procedure, a doctor will examine the gums and tooth roots of your pet for periodontal disease. If periodontal disease is present, there is a treatment available. **The cost is an additional \$56-\$80** for the treatment. This treatment is designed to help the gums reattach to the tooth root and prevent tooth loss later.

____ Please administer the periodontal treatment to my pet if you discover periodontal disease during the dental procedure.

Signature of Owner

Date

____ I have elected to refuse periodontal treatment for my pet if periodontal disease is discovered during the dental. I understand that periodontal disease can cause my pet to have future tooth loss if it goes untreated.

Signature of Owner

Date