

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