

DENTAL EXTRACTION WAIVER

I, _____, owner of _____ agrees as follows.
(owner's printed name) (pet's printed name)

_____ I have been advised that my pet may need teeth extracted as per the pre-dental exam.

_____ I have reviewed the estimate and agree to it as written.

_____ I have accepted the treatment plan prescribed and agree that additional teeth may need to be extracted as necessary without notification.

_____ I have declined the treatment plan prescribed.

_____ I release the attending veterinarians from any liability that may result from said refusal of teeth removal/extractions described herein. I release the attending veterinarians and clinic from any future responsibility for dental care related to declining the treatment prescribed herein.

_____ I understand that I am responsible for any and all future dental costs related to my pet.

Owner Signature

Date