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Dentistry Consent Form:

I, being responsible for the above described animal, give the authority to grant you my consent to receive sedation and anesthesia, for Teeth Cleaning and Polishing and Dental X-rays, and all other procedures announced in the estimate given to me.

Because it is impossible to know the full scope of dental disease without X-rays and a thorough Oral Examination under anesthesia, choose one of the following options if unexpected oral disease is found (**circle one**):

- A. Do whatever is needed, including extractions, periodontal treatment, biopsies, tumor removal, extra anesthesia and pain medication.
- B. Please call first prior to doing any procedures beyond the estimated procedures. This is a telephone no. where I can be reached during the procedure:

- C. Do only dental procedures that are estimated. *This may require scheduling a different appt. for additional treatment.

Owner or Responsible Party