

Catlett Animal Hospital
3226 Old Catlett Road, Catlett VA 20119
540-788-6094

Permission for Dental Extractions

I give permission for tooth extractions at the doctor's discretion. Yes _____ No _____

I wish to be consulted prior to any extractions. Yes _____ No _____

If you wish to be consulted first, please be aware that we are often unable to make a determination regarding possible extractions until your pet is under anesthesia and most of the dental tartar has been removed. Please make sure that you are available by phone, so that the anesthetic time is minimized.

Contact Phone Number _____

Alternate Phone Number _____

If I cannot be reached, proceed with extractions. Yes _____ No _____

Signature _____ Date _____