Just For Paws Veterinary Hospital Dental Release Form

Owner's Name		Date		
Pet's Name	Sex	_Age	Color	
Daytime Phone #:	H	ome Phone #:_		
	e knowing ahead of time h		not apparent on the gross physical exan e us to handle these situations. There are	
			<u>Initial Below</u>	
1) Call first before proceeding	ng:			
A) If you cannot reach	me, please proceed with v	what is necessary (s	see prices below)	
B) If you cannot reach	me, please do not perform	any additional pro	ocedures	
2) Proceed with any necessar	ry dental procedures			
•			procedure, would you prefer to ir pet at a later date	
	ABNORMAL TOOTH I al X-rays: \$40.70 to \$162.		TILL HAVE X-RAYS TAKEN number of x-rays)	
	NG TOOTH EXTRACT Dental Nerve Block(s): \$2		EIVE A DENTAL NERVE BLOCK atient	
Incisor Extraction: \$26.49/ tooth	Premolar/Molar Extracti	on: \$40.40/tooth	Baby Tooth Extraction: \$26.49/tooth	
Canine Extraction Dog: \$248.02/to Consil Bio-glass (to	ooth o help bone re-growth): \$9	95.00 (Often needed	Canine Extraction Cat: \$124.01/tooth for lower canine extractions)	
Carnassial/Three-Rooted Tooth Ex	traction: \$127.50/tooth	Doxirobe Per	riodontal Treatment Gel: \$87.23/syringe	
*These procedures often need addithe disease, 1-3 teeth can be remov			f anesthesia costs \$35.24. Depending or	
SIGNATURE:			DATE:	