

*Compassion Animal Hospital
11088 Marsh Road
Bealeton, VA 22712
(540)439-9016*

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_____