



DENTAL PROPHY RELEASE FORM

OWNER: _____
PET'S NAME: _____
DATE: _____

ADDITIONAL PROCEDURE(S) TO BE PERFORMED: _____

PET HISTORY:

YES NO

() () Has your pet had any medications in the last 24 hours?

If yes, please list: _____

() () Did your pet eat after 6 pm last night?

() () Any vomiting, coughing, or diarrhea?

() () Is this pet allergic to any drugs? If so, what drug _____

Additional ELECTIVE PROCEDURES which may be done at this time for an additional cost:

(Check appropriate box/boxes)

() Avid Microchip for identification

() Remove rear dewclaws

() Nail trim

() Remove wart/skin growths (Location(s): _____)

() Express anal sacs

() Brush out or clip mats

() Fecal exam for intestinal parasites

() Other _____

EXTENT OF DENTAL SERVICES DESIRED:

Should any unforeseen dental procedures be necessary and desirable in the veterinarian's professional judgment: **(please check one)**

I prefer that you proceed with all necessary dental procedures.

I authorize you to proceed with Dental Radiographs/ diagnostics up to \$100, please call me before any other procedures.

I prefer to be called before any additional procedures, other than emergencies. If I cannot be reached, I authorize you to proceed with all necessary dental procedures, up to \$_____.

If I cannot be reached by phone, I **do not** authorize any unforeseen dental procedures.

OWNER RELEASE:

I am the owner of the above named animal or am responsible for it and have the authority to execute this consent. I hereby authorize the use of such anesthetics as you deem advisable and performance of such surgical or therapeutic procedures as you deem necessary. The nature of such service has been described to me to my satisfaction and I realize that no guarantee or warranty can ethically or professionally be made regarding the results of care. I assume financial responsibility for payment of all services rendered. I understand that payment is due on the date the animal is picked up. I also understand that you will use all reasonable precaution against injury, escape, or death of my pet while in your clinic and under your care.

Your Name: _____
(Please print)

Signed: _____ Date: _____
(Owner/Agent Signature)

If we have any additional questions, we may contact you today at the following phone numbers:

AM: _____ **PM:** _____