



DENTAL PROPHY RELEASE FORM

OWNER: _____

PET'S NAME: _____

DATE: _____

ADDITIONAL PROCEDURE(S) TO BE PERFORMED: _____

PET HISTORY:

YES NO

() () Is your pet currently on any medications or supplements?

Please list name and when last given: _____

() () Did your pet eat after 9 pm last night?

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

() () Is this pet allergic to any drugs?

If yes, please list: _____

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

(Check appropriate box/boxes)

() Avid Microchip for identification

() Nail trim

() Remove wart/skin growths (Location(s) : _____) (ask for estimate)

() Express anal sacs

() Brush out or clip mats (ask for estimate)

() 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/ treatments up to:

(Circle one)

\$150

\$200

\$300

Other: \$ _____

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)

IT IS VERY IMPORTANT THAT WE HAVE RELIABLE PHONE NUMBERS WE CAN REACH YOU AT TODAY! THE FOLLOWING ARE THE NUMBERS I OR MY AUTHORIZED CAREGIVER CAN BE REACHED AT TODAY

1ST: _____ **2ND:** _____