

Dental Release Form

Owner Name: _____

Address: _____

State: _____ Zip Code: _____ City: _____

Home #: _____ Cell #: _____ Work #: _____

Pet Name: _____ Species: _____ Breed: _____

Age: _____ Description: _____

We strive to provide quality veterinary care for your special companion. To better serve you and your pet; please answer the following questions about your pet.

1. Has your pet had a veterinary exam in the last 30 days? YES NO

 This is highly recommended prior to any surgery.

2. What medications is he/she currently taking?

3. What recent health problems, if any, should be noted?

4. Do you have any specific health concerns for you pet?

5. Are vaccinations current? Which ones? Where were they done?

Below is for office use only. Please circle which vx needs done.

4way/Leuk	Cestex dewormer	DA2PLPC
FIV	Strongid dewormer	Bord SQ
FIP	Virbantel	CIV
Rabies		Rabies

Services to be provided:

Surgery: Dental Misc.: _____

Pre-Anesthesia blood work is required for all animals over 5 years to check for proper kidney and liver function. It is highly recommended for all animals prior to all anesthesia situations, but optional for those under 5 years of age. Unless the doctor feels it is necessary.

YES- I authorize my animal to have pre-anesthesia blood work.

NO- I do not authorize my animal to have pre-anesthesia blood work.

Signature of client: _____

Conditions are often found at time of surgery and require care. If you would like these conditions to be treated today, please specify below:

- | | | |
|--|-----|----|
| 1. Extraction of loose or infected teeth | YES | NO |
| 2. Extraction of baby teeth | YES | NO |
| 3. Ears- ear mites, cheet, infection, ect. | YES | NO |
| 4. Skin problems | YES | NO |
| 5. Pain Management | YES | NO |

PLEASE UNDERSTAND THAT THE ABOVE CIRCLED PROCEDURES WILL INCURE EXTRA CHARGES. Any post surgical complications are not covered in today's bill.

Surgery and services authorization statement:

If you animal has fleas or ticks we will treat due to the contagious nature of these parasites. This will incur extra charges.

I authorize the licensed veterinarians of Animal Medical Service to administer such treatments as considered therapeutically and diagnostically indicated on the basis of findings during the course of evaluation. I certify that I have read and fully understand the above authorization of medical and surgical treatment. I also understand fully the risks that go along with anesthesia and surgical procedures. Further I assume financial responsibility for all the charges incurred to my pet.

Signature of Client _____ Date _____

