

# Dental Release

Owner Name:

Address:

Phone Number:

Pet Name:

Breed:

Sex:

Age:

Color:

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the above described animal and that I do hereby give <doctor>, her agents, servants, and/or representatives full and complete authority to perform the surgical procedure described and to perform any other procedure that at her discretion may be useful to promote the health of the above described pet. I do hereby and by the presents forever release the said doctor, her agents, servants, or representatives from any and all liability arising from said procedure on said animal.

## -----Dental Cleaning and Extractions as medically necessary-----

Many pets require sedation before a thorough examination can be completed. The condition of each tooth must be evaluated before a decision is made as to the best course of treatment. Although no one likes surprises, it sometimes is impossible to give an accurate estimate before sedation. From an economic standpoint, it is more economical to complete all needed dental procedures during the initial visit and sedation rather than having to schedule another appointment with additional sedation required. In an effort to satisfy your desires please initial the appropriate option below:

\_\_\_\_\_ Please perform whatever procedures & extractions that are required at this visit.

\_\_\_\_\_ Please call me after the exam with an estimate of any additional charges before proceeding. I can be contacted at this number\_\_\_\_\_.

In the event I cannot be reached I want the doctor to proceed:

1. \_\_\_\_\_ Only perform the dental prophylaxis.
2. \_\_\_\_\_ Proceed as medically necessary.

Signed \_\_\_\_\_