

Dental Release Form

Broken or abscessed teeth, resorptive lesions and other periodontal problems are often uncovered with the removal of tartar and plaque during teeth cleaning procedures. These findings may indicate the need for dental work beyond what we have discussed. Please indicate how you would like for me to handle any additional findings by **PLACING YOUR INITIALS** in front of the following options:

- A. _____ **Do whatever** is needed to give my pet a healthy oral cavity.
- B. _____ Please **contact me** at the phone number below before doing any additional dental procedures. If I can't be reached by phone while my pet is under anesthesia, then go to response A _____ or C _____.
- C. _____ **Do not** do anything beyond routine teeth cleaning at this time. I understand that additional dental work needed will require another anesthetic at another date.

I consent to the administrations and use of anesthesia. I agree to pay in full for all services rendered including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances.

The nature and purpose of the procedures, possible alternative methods of treatment, risks involved, and possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance had been made as to the results that may be obtained.

X _____
Owner or Authorized Person Signature

X _____
Emergency Phone Number(s)

X _____ Permission is given to extract loose and/or damaged teeth.

X _____ DO NOT extract loose and/or damaged teeth without owners' consent.