

DENTAL SURGERY RELEASE FORM

Pet's Name: _____ Owner's Name: _____

Daytime contact
information: _____

Welcome to the Fine Animal Hospital. Your pet is about to receive state-of-the-art veterinary dental care.

During your pet's physical examination we make a preliminary assessment of the extent of dental disease, and offer our best treatment recommendations. PLEASE NOTE, a complete evaluation can only be assessed during the oral examination while your pet is anesthetized.

Certain dental problems such as loose, diseased, or fractured teeth may only be discovered during anesthesia and this may occur after you have left the hospital.

Because of this, it is important that we have your daytime contact information, so that we can do our best to reach you and let you know of our assessment, and discuss treatment recommendations. We will call you at the end of the procedure following recovery from anesthesia.

Please indicate which of the below options is appropriate. You must choose one of the following options.

1. I **GIVE** permission for extraction of hopeless, painful, and fractured teeth and realize this may increase the dental fee \$50.00 to \$300.00 per tooth, if extractions require major surgery.

Signature: _____ Date: _____

2. I **DO NOT GIVE** permission for extractions, even if the teeth are causing severe problems in my pet's mouth. I only want the teeth cleaned and polished. I know this is not what is best for my pet's oral care. I understand that during the process of cleaning very loose teeth may fall out on their own.

Signature: _____ Date: _____