

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 from of the following options:

- A. _____ Do whatever is needed to give (Pet) a healthy oral cavity.

- B. _____ Please contact me at the phone number below before doing additional dental procedures. If I can't be reached by phone while (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.

(First and Last Name)

(Emergency Phone Number)

(Date)