



ANIMAL MEDICAL CENTER
904 S. Tyler
Covington, Louisiana 79433



Dental Release Form

Owner _____ Patient _____ Date _____

I authorize the performance of the following procedures: _____

Factors that limit our ability to detect every dental problem your pet may have with just an oral exam may include:

1. Lack of patient cooperation can impair visualization in the mouth, especially of back teeth.
2. Many periodontal problems can be detected only by probing under the gum with an instrument.
3. Dental tartar can hide underlying cavities or fractures.

If further problems are detected while your pet is under anesthesia, how should they be handled?
Choose one of the following:

- Do whatever is needed to give my pet a healthy oral cavity. I understand there will be additional cost for extra procedures such as extractions, dental x-rays, oro-nasal fistula repair, etc.
- Please contact me at the phone number below before doing any additional dental procedures. If I cannot be reached by phone while my pet is under anesthesia, then:
 - Perform whatever procedures are needed.
 - Do only what I have authorized.
- Do only what I have authorized. I understand that the additional dental work needed will require another anesthetic episode for completion.

Phone numbers where I can be reached today:

Home: _____ Cell: _____ Work: _____

Should an **emergency** arise calling for procedures in addition to or different from those now contemplated, I further request and authorize whatever **emergency** treatment is needed. I consent to the administration 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 has been made as to the results that may be obtained.

I have reviewed the pre-operative screening tests offered on the anesthesia consent form and indicated which tests I want performed to enable the doctor to assess the condition of my pet's liver and kidneys, and general health of my pet.

Client's signature: _____ Date: _____