



CLINIC USE ONLY	
Account #:	_____ Staff: _____
Date:	_____

Dental Release Form

Pet Name _____ Age _____ Owner Name _____

Best Contact #: _____ **Preferred Method of Contact:** Call / Text

1. Did you withhold your pet's food/water for at least 12 hours? **Yes / No**
 2. Is your pet on any medication? If yes, please list below: **Yes / No**

 3. Are there any health or behavior concerns you would like us to know about your pet?

 4. Do we have permission to perform a pre-surgical screen on your pet? We recommend performing an EKG and a blood chemistry to evaluate the liver, kidneys, and heart prior to every anesthetic procedure. This will allow the staff to make informed decisions regarding the best anesthesia and post-operative care for your pet.
(\$66.00) for EKG + Chemistry Panel)..... Yes / No
 5. Do we have your permission to perform dental extractions deemed necessary by the veterinarian? (Pain injection, antibiotic injection, and/or x-rays may be necessary. Ask about cost.)..... **Yes / No**
 6. Would you like full mouth dental radiographs? (to evaluate for disease below the gum line) **(\$60.00)..... Yes / No**
 7. Would you like take-home pain medication for your pet if deemed necessary? **Yes / No**
- Complimentary Pedicure **FREE**
- Apply Fluoride (strengthens enamel for 6 months) **\$7.00**
- OraVet Application + Take Home Kit (reduces plaque and tartar build-up; use weekly) ... **\$50.55**

Date _____ Signature _____ Phone #: _____