



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.  
**(\$78.50) 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) **(\$87.00).....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) ..... **\$8.00**

Date \_\_\_\_\_ Signature \_\_\_\_\_ Phone #: \_\_\_\_\_