

Crystal Mountain Animal Hospital

Dental Release Form

Broken or abscessed teeth resorptive lesions and other periodontal problems are often uncovered with the removal of tartar and plaque during the teeth cleaning procedure. These findings may indicate the need for dental work beyond what we discussed.

Please indicate how you would like for us to handle any additional findings by placing your initials besides 1 of the following options:

____ Do whatever is needed to give my pet a healthy oral cavity.

____ Please contact me at the phone number below before doing any additional dental procedures. If I can't be reached please 1. Do whatever is needed to give my pet a healthy oral cavity, or 2. Do not do anything.

____ Do not do anything beyond routine teeth cleaning procedure at this time.

Should an emergency arise calling for a procedure in addition to or different from those already known, I further request and authorize whatever emergency treatment is needed. I consent to the use and administration of anesthesia. I agree to pay full for all services including those seemed necessary for medical or surgical complications or otherwise unforeseen circumstances.

The nature and purpose of the procedures, possible alternative methods of treatment, risk involved and the 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.

Clients signature *Pet's name* *Date*

Phone numbers where I can be reached today:

Home _____ Work _____ Other _____