



# Arbor Animal Clinic



## Dentistry Release Form

I, \_\_\_\_\_, hereby authorize Dr. \_\_\_\_\_ and  
(Printed Name of Owner/Agent) (Printed Name of your Pet's Vet)

Whomever he/she may designate as his/her assistants, to perform upon \_\_\_\_\_  
(Printed Name of Your Pet)

The following: preventative dentistry under anesthesia.  
(Procedure to be done)

In the event an emergency should arise calling for procedures in addition to or different from those now contemplated, I further request and authorize him/her to do whatever he/she deems advisable. 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 understand that death of my pet could occur due to use of anesthetics.

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, 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.
4. The decision to remove a tooth often cannot be made until examining an x-ray of the tooth.

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.
- Please contact me at the phone number below before doing any additional procedures. If I can not 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 additional dental work needed, will require another anesthetic episode to complete the dental treatment.

**Phone numbers where I can be reached today:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell/Pgr: \_\_\_\_\_

**Please read carefully and initial your following choices:**

- A. I have been offered a pre-operative blood screen. This will inform the doctor of the condition of the liver and kidneys, and the general health of my pet.

\_\_\_\_\_ Lab Work Approved                      \_\_\_\_\_ Lab Work Disapproved

- B. I have been offered administration of intravenous fluids. This will help my pet to maintain blood pressure, to replace blood loss, to speed recovery, and to receive life-saving drugs in case of emergency.

\_\_\_\_\_ IV Fluids Approved                      \_\_\_\_\_ IV Fluids Disapproved

- C. I have been offered additional pain management. This will allow my pet to have a more comfortable and faster recovery.

\_\_\_\_\_ Additional Pain Mngmt. Approved                      \_\_\_\_\_ Additional Pain Mngmt. Disapproved

\_\_\_\_\_ Additional Pain Management only if Tooth Extractions are Performed.

I understand that in some cases, **the doctor may not consider** the pre-op lab work, IV fluids and additional pain management, **optional**

**Other Services Requested:**

Microchipping    accept / decline

Nail Trim    accept / decline

Signature \_\_\_\_\_

Date \_\_\_\_\_