

DENTAL RELEASE FORM

OWNER'S NAME: _____ **DAYTIME PHONE NUMBER:** _____

PET'S NAME: _____ **AGE:** _____ **WEIGHT:** _____

BASIC DENTAL SERVICES(\$)	PACKAGE DENTAL SERVICES(\$)
<p>INCLUDE FOLLOWING SERVICES:</p> <ol style="list-style-type: none"> 1. ANESTHESIA 2. ANTIBIOTIC INJECTION 3. SCALING AND POLISHING 4. CHLORHEXIDINE RINSE 	<p>INCLUDE FOLLOWING SERVICES:</p> <ol style="list-style-type: none"> 1. ANESTHESIA 2. ANTIBIOTIC INJECTION 3. SCALING AND POLISHING 4. CHLORHEXIDINE RINSE 5. PREANESTHETIC BLOOD TEST 6. NAIL TRIMMING 7. PROFESSIONAL EAR CLEANING
<p>DENTAL EXTRACTION: () YES () NO</p> <p>MINOR EXTRACTION(UP TO \$100) OR MAJOR EXTRACTION(\$150 OR MORE) WILL INCLUDE PAIN INJECTION AND ANTIBIOTIC +/- PAIN MEDICINE TO GO HOME. ANY MAJOR EXTRACTION WILL BE NOTIFIED TO YOU PRIOR TO THE EXTRACTION.</p>	
<p>IV OR SQ FLUID TREATMENT(\$50-60): () YES () NO</p> <p>FLUID TREATMENT IS HIGHLY RECOMMENDED FOR ALL DENTAL PROCEDURES. PETS OLDER THAN 7 YEARS OR ANY SICK PETS SHOULD HAVE MANDATORY FLUID TREATMENT TO PREVENT ANY COMPLICATIONS.</p>	
<p>ADDITIONAL PROCEDURES WITH DENTAL(\$)::</p>	
<p>ADDITIONAL SERVICES</p> <ol style="list-style-type: none"> 1. VACCINES: () YES () NO, I HAVE THE PROOF OF VACCINATION. 2. FLEA CONTROL(FRONTLINE \$16): () YES () NO 3. NAIL TRIMMING(\$10): () YES () NO 4. PROFESSIONAL EAR CLEANING(\$25): () YES () NO 5. ANAL GLAND EXPRESSION(\$10): () YES () NO 6. MICROCHIP(\$49): () YES () NO 	
<p>I HEREBY AUTHORIZE FOR YOUR HOSPITAL TO DO THE ABOVE PROCEDURES, WHICH I HAVE MARKED. YOU ARE TO USE ALL REASONABLE PRECAUTIONS AGAINST INJURY, ESCAPE, OR DEATH OF MY PET. I UNDERSTAND THAT ALL ANESTHESIAS INVOLVE SOME RISKS TO MY PET, BUT YOUR HOSPITAL AND OR STAFF WILL NOT BE HELD RESPONSIBLE IN ANY MANNER WHATEVER OR UNDER ANY CIRCUMSTANCES IN CONNECTION THEREOF AS IT IS THOROUGHLY UNDERSTOOD THAT I ASSUME ANY AND ALL RISKS.</p> <p>I HAVE READ THE FOREGOING AND AGREE</p> <p>OWNER'S SIGNATURE _____ DATE _____</p>	

FAIRVIEW PET HOSPITAL