



Turquoise Animal Hospital

Dental Release



By signing this form, you acknowledge that you are allowing Turquoise Animal Hospital and its staff to provide your pet with a dental prophylaxis (or “cleaning”). We work hard to ensure that we provide your pet with the highest standard of care, following the most up-to-date procedures and using current technologies.

For the health and well-being of your pet, you **MUST** be available by phone during the times indicated by the staff member performing the intake of your pet. A full dental evaluation is impossible when a pet is awake – therefore any problems that we find will be found while your pet is under anesthesia. Because no anesthetic procedure is completely risk-free, we try to keep your pet under anesthesia for as short a time as possible. It is imperative that we are able to reach you to discuss treatment options while your pet is anesthetized. If we are unable to reach you, we may have to wake your pet up without performing treatments that your pet’s doctor has deemed necessary for your pet’s health.

By signing the second section below, you may specify a monetary amount that we can use at our discretion to provide treatments that are deemed necessary in the event that we can not reach you. This fund will be used in whatever manner the doctor sees fit to provide the best possible care for your pet. Alternatively, you may choose for us to only provide treatments after we have discussed them with you over the phone. You must be available for us to reach, or these treatments will not be performed.

SIGN HERE:

I have read and understand the above statement.

_____ Date _____

CHECK ONE AND SIGN:

I authorize Turquoise Animal Hospital to provide treatment up to \$ _____ **IN ADDITION TO THE ESTIMATE** in the event I cannot be reached. I understand Turquoise Animal Hospital will only perform treatments that are deemed necessary for the best possible care of my pet.

_____ Date _____

OR

Do not provide additional treatment without direct authorization.

_____ Date _____