



# **Suburbia North Animal Hospital**

## **Dental Release Form**

Owner \_\_\_\_\_ Patient \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

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♥If further problems such as teeth that need extraction are detected while your pet is under anesthesia, how should they be handled. Please check one!

- ☐ Do whatever is needed to give my pet a healthy oral cavity. Including extracting any teeth that hinder my pet's health.
- ☐ Please contact me at the phone number below before doing any additional dental procedures.

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♥Physical examination will be performed before sedating your pet. However, many conditions, including disorders of the kidneys, liver, and blood cannot be detected without blood testing. The cost of the test which we will run in-house if your pet is under 7 years old is \$80 and if your pet is 7 years or older then the cost is \$117.50.

- ☐ Approve in hospital testing prior to anesthesia
- ☐ Disapprove. I am assuming total responsibility for my actions in refusing to approve blood screening blood screening for my pet's safety. Initials \_\_\_\_\_

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♥Please list any other treatments you would like done while your pet is under anesthesia. (Ex: toe nail trim, express anal glands, vaccines, etc.) \_\_\_\_\_

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I understand that all sedation/anesthesia involves some minimal risk to my pet, but Suburbia North Animal Hospital, and/or its agents will not be held liable in any manner whatsoever or under any circumstances in connection therewith, as it is thoroughly understood that I assume all risks. If I am unreachable during a procedure, the Doctor may treat my animal as HE/SHE deems appropriate. I understand that I am financially responsible for any and all charges resulting from requested procedures.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone numbers where I can be reached: \_\_\_\_\_