CANINE DENTAL RELEASE FORM

Owner's Name:	Dog's Name:		
Emergency Number:			
Your pet is scheduled for a dentistry today that your pet is in a low risk category pr over 7 years of age. Some pets may have p complications that may not be apparent on abnormal clotting, and problems with the lor decline these services as indicated below home with all dental patients at an additional patients at an additional patients.	rior to anesthesian bre-existing internously physical exams. iver, kidney, or on w. Pain medication	 This is especiall al problems that p These problems in ther organ condition 	ly important for dogs broduce surgical nclude anemia, ons. Please accept
Blood Profile #1(Pets up to 7 years of age) Checks liver, kidney enzymes, glucose level Plus a complete blood count		Accept	Decline
Blood Profile #2(Pets 7+years of age) Checks same as above, more extensive Includes pancreatic, electrolytes		Accept	Decline
All dogs are required to be current on all DHLPPC before any dental procedure. (heartworms before anesthesia, since hear There is also an additional charge for any addition to the usual anesthetic. Fecal exparasites.	Our doctors reco tworm disease ca v dog that require	mmend that all do in increase the ri es any alternate a	ogs be tested for sk of complications. nesthetic in
Heartworm Test	Accept	Dec	eline
Fecal Examination	Accept	Dec	eline
Rattlesnake Vaccination	Accept	Dec	eline
Home Again Microchip ID	Accept	Dec	eline
I understand that during the course of oper necessitate the emergency performance of extracted at an additional cost depending o Veterinary Clinic has my permission to fol my pet.	additional proced on the difficulty of	lures. Any decaye f the extraction. C	d teeth will be Country Hills
Owner's Signature	Date:		