



DENTAL AUTHORIZATION-RELEASE FORM

Owner: _____ Date: _____
Address: _____

Phone(s): Primary _____ Secondary _____

Patient: _____ Date of Birth: _____
Breed: _____ Sex: _____
Color: _____ Main Reason For Admittance: _____

I hereby authorize and direct the veterinarians of Grants Lick Veterinary Hospital to perform the dental procedures as deemed advisable for my pet. I understand some risks always exist with anesthesia and/or surgery and I am encouraged to discuss any concerns I have about those risks with the doctor's representative before the procedure(s) is/are initiated.

I understand the dental care my pet will receive today includes general anesthesia. The teeth will be cleaned with an ultrasonic scalar and polished. Any loose, severely infected or damaged teeth will be extracted at the doctor's discretion. While I accept that all procedures will be performed to the best of the ability of the staff at this facility, I understand veterinary medicine is not an exact science and no guarantees have been made regarding the outcomes of this/these procedure(s).

If further problems are detected while your pet is under anesthesia, how should they be handled?

(Please initial one of the following.)

- _____ Perform whatever procedures are needed
_____ Please call me at: _____

If for some reason I am unavailable when you call, please

(Please initial one of the following.)

- _____ Perform whatever procedures are needed, or
_____ Do only what I have authorized. I understand my pet will have to undergo another anesthetic episode to complete the recommended treatment if it is not done at the time of the original sedation.

I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian and that continuous presence of personnel may not be provided during these hours. In the event that my pet needs to be hospitalized overnight, I elect to: (Please initial one of the following.)

- _____ Have my pet remain in the hospital.
_____ Transfer my pet to a local emergency hospital at my expense. I will be responsible for the transfer.
_____ Pick up my pet in which case I accept all possible risks of adverse effects.

We do recommend **pre-anesthetic blood tests** be performed prior to the administration of anesthesia. These tests can help us detect dehydration, diabetes, kidney disease and liver disease. All of these conditions can contribute to complications in anesthesia and surgery, I understand these blood tests are an added method of safety. (Please initial one of the following.)

- _____ I request pre-anesthetic blood tests be performed, there is an additional fee for this.
_____ I decline the pre-anesthetic blood tests.

Owner's Signature: _____ Date: _____

Phone number(s) where you can be reached _____