125 Pullman Crossing, Suite 101
Grasonville, MD 21638
(410) 827-6464

Dental Patient Form:

Owner's Name:	****Telephone number where I can be reached today****
Address: No. Street City State zip	
Email address:	

Animal Information:

Animal's name:					
Species: Dog Cat	**Breed:**	**Color:**	**Sex:** M F Spayed/neutered?	**Age**	

In addition to today's dental procedure, please tell us about anything other procedures you would like addressed, such as mass removals or spay/neuter:

Has your pet been seen by a veterinarian for dental problems? Yes No
Are you expecting extractions today? Yes No
Comments:

During the course of the examination and cleaning of your pet's teeth under anesthesia, loose, fractured or decayed teeth may be found. If, in the doctor's professional judgement, these teeth should be removed do you give your consent?

___ Yes, I give my consent for the doctors to use their professional judgment and extract any diseased teeth as deemed necessary.

___ No, I do not consent to extractions.

___ I consent only to extractions as follows: _____

Please read and sign:

Our clinic does not do dental x ray. In some cases, we may decline to do certain types of extractions.

Tooth roots sometimes break during extractions. Occasionally, they may cause infection or pain at some time after the procedure. If we are unable to remedy the situation, we may refer you to a dental specialist for advanced dental care. We do not reimburse for the cost of a dental specialist.

Spay Now will provide post-surgical/anesthetic rechecks for our patients at no charge during our regular clinic hours. If any medications are needed, there may be a nominal fee. Please call us if your pet is having any problems after his/her procedure. Unforeseen emergency complications may rarely arise requiring a visit to a local emergency clinic. We will not reimburse you for any costs involved.

I understand that while these procedures will be performed to the best abilities of the veterinarians and staff, there are risks of complications including drug and vaccine reactions, bleeding, infection, tooth root breakage, anesthetic complications, including death of the animal. I agree to release and hold harmless Spay Now, Inc., its agents, employees, and volunteers from all actions, causes of action, damages, claims or demands, which I, my heirs, executors, administrators, or assigns or the animal's owner may have against the above referenced released, for any and all damages, causes, or actions and injuries known or unknown, which may arise as a result of the surgery or treatment received by my animals. I have read and agree to the above.

Signature: _____ Date: _____