



Forney Animal Hospital

Dental Prophylaxis and Oral Surgery

Release Form

The following surgical procedure requested for _____
Pet's Name

Additional Procedures _____

Please circle the appropriate answer for the following questions:

Would you accept a referral to a veterinary dentist, if recommended? YES NO

Do you have a dental home care routine? BRUSHING RINSE CHEWS OTHER NONE

Please read and initial the last 5 items:

___ I hereby give authorization to Forney Animal Hospital to perform a dental prophylaxis, diagnostic procedures and surgery on the above pet, as they deem necessary.

___ I understand that there is always a risk when anesthesia is used in any procedure and that although all recommended testing done might not reveal any problems, there is still a risk of unforeseen complications. I understand that the doctors and staff of Forney Animal Hospital take all recommended precautions and are not to be held liable if any complications occur during or immediately after these procedures.

___ Dental radiographs will be performed as a diagnostic tool to aid in deciding which teeth are truly diseased and should be extracted. If I am unable to be reached **within 5 minutes** of the treatment plan being made, I understand the veterinarian will wake my pet up from anesthesia and a second procedure will need to be scheduled.

___ In the case that I cannot be reached, I hereby authorize \$ _____ for additional treatment.

___ I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF ALL SERVICES AT THE TIME THEY ARE RENDERED.

My pet's pick up time is today between 4:30p-6:00p.

Signature of responsible party

Date

Phone # where you can be reached today/tomorrow