

KITSAP VETERINARY HOSPITAL

DENTAL RELEASE FORM

Your pet is scheduled to have his/her teeth cleaned today. You have been provided an estimate for this. After the teeth are cleaned the Doctor will examine them. At this time we will be able to find or confirm suspected disease within the mouth.

X-rays and surgical intervention may be necessary to deal with the disease that is found. Because our patients require a general anesthetic for the cleaning and oral evaluation, we try to handle any oral disease that involves surgical extractions or periodontal needs during this procedure.

You have been given an estimate that may change significantly if oral disease exceeds expectations. If you do not want us to perform unanticipated procedures before talking with you, let us know now.

I would like the Dr. to restore my pet's mouth to maximal health when anesthetized today for his/her dental cleaning. I realize that necessary procedures and costs can vary from what was estimated and I agree to pay the total bill upon discharge of my pet.

I would like to discuss any additional costs and procedures with the Dr. before proceeding. I can be reached at:

Phone # A.M. _____

Phone # P.M. _____

Cell phone _____

If you have asked to be contacted by the Dr. and we are unable to reach you, your pet will be recovered from the anesthesia and an appointment will be set to discuss addressing the recommended dental/surgical procedures necessary to restore the mouth to maximal health. This requires an additional general anesthetic expense.

I consent to administration of anesthesia by or under the direction of Dr. Christman/Buck/Adams and to use the anesthetics, as he/she deems appropriate. I am aware of the risks involved and the possibility of complications. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

Signature

_____ Date