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Dental Surgical Release Form

{FULLNAME} {NAME}
{ADDRESS1} {ADDRESS2} {SPECIES} / {BREED} / {COLOR}
{CITY}, {STATE} {POSTALCODE} {BIRTHDATE[SHORT]}
{PHONENUMBER} {SEX}
{CURRENTDATE[SHORT]} Date of last weight:
{CURRENTWEIGHTUNITDATE[SHORT]}

I request and authorize Fort Hunt Animal Hospital to hospitalize my pet for a dental cleaning procedure. The cost of the procedure also includes: An IV catheter placed for intravenous fluids and emergency intravenous access; a preanesthetic blood screening, which checks for anemia, kidney and liver function; and full mouth dental radiographs. _____ Owners Initials

If diseased teeth are found, it is in your pet's best interest to have them extracted to prevent health problems and pain. All diseased teeth that the doctor deems necessary will be extracted. The cost may vary depending on the type of tooth, time needed, and severity of periodontitis. Every effort will be made to save teeth from extraction. We will call in the event that we find diseased teeth that need to be extracted. _____ Do not extract any teeth if I cannot be reached
_____ It is OK to extract any diseased teeth if I cannot be reached
_____ I have discussed my pet's oral health extensively with the doctor, no call is necessary -- I authorize the doctor to extract whatever teeth he/she deems necessary

Most pets will require antibiotics and/or pain medication after the procedure. The mouth harbors many types of bacteria that if not treated can be dangerous. The cost of antibiotics and pain medication is based on your pet's weight. _____ Owners Initials

Clindoral gel may be applied into the pockets between loose teeth to help the teeth adhere to the gum and treat any infections. The goal is to strengthen the tooth and avoid extractions. _____ Do not apply this treatment _____ It is OK to apply this treatment

Does your pet need any other procedures while under anesthesia?

Nail Trim: _____ (Additional charges for dremmel) Ear Cleaning: _____ Anal Gland expression: _____
Microchip implantation: _____ Check/remove lump(s): _____

It is necessary in some cases to trim the fur around the mouth for hygienic and safety purposes. _____ Owners Initials

I understand that there are risks associated with anesthesia and surgery, including death. The doctors will do their best to minimize these risks. If my pet's condition changes such that additional treatment is needed, the doctor will attempt to contact me. However, if I can not be reached I understand that Fort Hunt Animal Hospital will proceed with any life sustaining procedures. Payment in full for all services is expected at time of discharge. _____ Owners Initials

Once your pet is under anesthesia, we will perform full mouth radiographs and probe the teeth to determine the extent of the disease. After this is completed, we will call and provide a treatment plan and estimate for any recommended treatments or extractions beyond routine dental scaling and polishing. Phone number(s) where I can be reached today: _____

****It is imperative that we are able to reach you at any point prior to, during, and after your pet's procedure. Please provide the best contact information possible.**

Signature of Owner: {CLIENTSIGNATURE}

Staff Checked In: _____