

**Animal Medical Center of Plano  
Dentistry Release Form**

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

- Is your pet current on required vaccinations?  
Dogs: RV, DHPP, Bordetella      Y  N   
Cats: RV, FVRCP                      Y  N
  
- Any time an animal undergoes anesthesia, pre-anesthetic blood screening is recommended as a precautionary measure to assess organ function (i.e. kidney function, liver enzymes, blood glucose, total protein, CBC) before and after the procedure, regardless of age. Abnormal results may result in postponement or cancellation of the anesthetic procedure for tests to further evaluate the issue.  
 Yes, please run pre-anesthetic blood work on my pet.  
 No, I decline pre-anesthetic blood testing.
  
- While your pet is safely anesthetized, would you like to add the following items:  
 Oravet Plaque Prevention sealant application and weekly reapplication kit  
 Full Mouth Dental X-Rays. A large percentage of periodontal disease occurs below the gum line and can only be assessed with x-rays.  
 Nail Trim  
 Home Again Microchip implantation
  
- Please select one of the following options:  
 I authorize Dr. \_\_\_\_\_ to perform dental procedures, extractions, radiography and minor oral surgery as needed and I understand there will be additional charges for additional services and medications. ( Please contact me if additional costs are expected to exceed \$\_\_\_\_ )  
 Please call me first, but proceed with any additional necessary procedures if I am not available.  
 Please call me before performing any additional dental procedures. I want to give explicit authorization for any additional procedures. I understand that if I cannot be reached, I will have to schedule a different time to complete the recommended procedures.
  
- Would you like an estimate for the dental procedures?  
 Yes. (Please note this is an *estimate* only. Any unforeseen circumstances will be addressed according to your preference to the previous option.)  
 No, I'm comfortable with the Doctor proceeding as discussed.

Complications including death may occur with any anesthetic procedure or surgery. Other complications such as vomiting, wound infection or dehiscence may occur. Other possible complications will be discussed. There is NO guarantee of a cure or successful outcome.

I, the undersigned owner or authorized agent, hereby authorize the admitting veterinarian (and his or her associates or assistants) to administer such treatment, surgery or anesthetics as are necessary to perform the above procedures and additional procedures that are considered therapeutically and/or diagnostically necessary. I assume responsibility for all charges incurred on behalf of my pet and agree to pay all associated charges at the time of release of same. I hereby certify that I have read and understand this authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact #: \_\_\_\_\_