

***FLEUR PET HOSPITAL, PC
DENTAL RELEASE FORM***

Name of Owner: _____

Name of Animal: _____

A pet dental exam can help us understand your pet's oral health and aspects of your pet's overall health. As part of your pet's dental exam and cleaning, we will chart their oral health and add that to the permanent health record.

Under most circumstances it is not possible to fully assess the extent of dental disease in an awake animal. A full oral examination is only possible after the animal has been anesthetized. As a result, we often find unexpected extractions or other problems only after the procedure has begun. We will attempt to call you if unanticipated, non-emergency procedures are needed to correct your pet's dental condition.

However, when we have to call during the procedure, your pets are subjected to prolonged anesthesia. If your permission cannot be obtained, your pet may need to have additional anesthesia and expense at a later date to complete treatment.

Please select one of the following options should unforeseen, non-emergency procedures become necessary. **Please be aware that these additional services will need to be paid in full at the time of discharge.**

- I do not need a phone call and I authorize the veterinarian on staff to use their professional judgement and extract any teeth necessary to maintain my pet's health.
- I prefer to be contacted prior to any additional procedures if the charges are in excess of those on my estimate. The total charge of such additional procedures should not exceed:
 - \$300
 - \$400
 - \$500
- If I cannot be reached, I do not authorize any additional non-emergency procedures. I understand that if this box is checked then no teeth will be removed without verbal authorization.

Signature of Owner: _____

Date: _____

I can be reached at all times during the day **TODAY** at:

Home: _____ Work: _____ Cell: _____