

Dr Tim O'Neill
Country Veterinary Service
PO Box 87
Farmington, AR 72730
479-267-2685

Dental Release Form

Owner Name: _____

Pet's Name: _____

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 this to their permanent health record.

Pre-anesthetic Blood Screening: As with any anesthetic or surgical procedure, there are risks that cannot be predicted or eliminated. For the protection of your pet, we strongly recommend doing a pre-anesthetic blood profile. This will ensure that your pet is lower-risk candidate during anesthesia by ruling out many pre-existing internal problems; these conditions may not be evident physically but could possibly lead to complications. **This is required on all animals 7yrs of age and older.**

- Yes**, I want my pet to have the pre-anesthetic blood screening. **(Required on all animals 7yrs and older.) Cost of \$75.00**
- No**, I do not want my pet to have pre-anesthetic blood screening. I fully understand the risks of anesthesia and dentistry work being performed without this vital information.

Dental disease can be so extensive that it may require extractions. Extraction is the last resort for a very diseased tooth. This addresses the tooth disease and prevents this source of infection from spreading elsewhere in the body.

I approve ANY extractions which the veterinarian feels necessary. The exact number of extractions cannot be predicted until after the teeth have been cleaned and gums examined. I am aware that there may be many that will have to be extracted but this will assure the best possible health for my pet. Extractions usually increase the total time of anesthesia and dental procedure. Painful extractions may warrant a local dental block (\$25 charge)

- Yes
- No

I authorize Dr. O'Neill to use best judgement but only spend up to an additional amount of \$200, \$300, Other/No limit for additional necessary dental treatment. I do understand that if we choose not to treat every issue/extraction now that we will need to come back relatively soon to finish the rest of the work which will accrue more charges with anesthesia on top of the dental work.

- \$200
- \$300
- Other/No Limit

I have restricted food from my pet for 12 hours.

- Yes
- No

I have given my pet medication this morning. If "yes" please state what medications were given and at what time.

- Yes, _____
- No

I have read and understand the above document and hereby authorize Country Veterinary Service, INC. to perform the above indicated treatments and/procedures for my pet. I assume all financial responsibility.

Owner Signature: _____ Date: ____/____/____

I can be reached at this number today: _____

Pick up Time: _____