

Little Animal Hospital  
2626 Bill Owens Pkwy.  
Longview, Texas 75604

\*REQUIRED

## Dental Release Form

I authorize the performance of the following procedures:

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\*If further problems are detected while your pet is under anesthesia, how should they be handled?

- Do whatever is needed to give my pet a healthy oral cavity. \_\_\_\_\_
  
- Please contact me at the phone number below before doing any additional dental procedures. If I can't be reached by phone while my pet is under anesthesia, then
  - Perform whatever procedures is needed. \_\_\_\_\_
  - Do only what I have authorized. \_\_\_\_\_
  
- Do only what I have authorized. I understand that additional dental work needed will require another anesthetic episode to complete the dental treatment. \_\_\_\_\_

\*Phone numbers where I can be reached today:

Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Should an emergency arise calling for procedures in addition to or different from those now contemplated, I further request and authorize whatever emergency treatment is needed. I consent to the administration and use of anesthesia. I agree to pay in full for the all services rendered including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances.

The nature and purpose of the procedures, possible alternative methods of treatment, risks involved, and possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance had been made as to the results that may be obtained.

\*I have been offered a pre-operative blood screen. This will inform the doctor of the condition of the liver, kidneys, and general health of my pet prior to anesthesia.

\*Circle One:

**Lab Approved**

**Lab Disapproved**

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\*Client Signature

Pet's Name

Date