

DENTAL RELEASE FORM

Branchville Animal Hospital
10559 US HWY 411
Odenville, Al 35120

Owner:
Case No:
Street:
City:
Phone:
Patient:
Breed:
Sex:
Age:
Color:

Please contact us for
prices as prices are
subject to change.

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Branchville Animal Hospital, any associates, and/or representatives full and complete authority to perform the surgical procedure described as:

Please check any additional services requested: Express Anal Glands ___ Toe Nail Trim ___ Microchip ___

Owner gives right for BAH to perform any other procedures that, at the clinic's discretion, may be useful to promote the health of the above described pet. I hereby and forever release Branchville Animal Hospital and/or representatives from any and all liability arising from said surgery on said animal.

*When was the last time <animal> had any food or water? _____

[Yes] [No] Do we have permission to place an I.V Catheter and provide I.V. fluids? It is recommended for any anesthetic procedure.

[Yes] [No] Can your pet be treated with anti-nausea medication?

[Yes] [No] I desire that my animal receive pre-anesthetic blood screening.

[Yes] [No] Is your pet on any medications? _____

[Yes] [No] Do you give the doctor permission to extract teeth as deemed medically necessary?

[Yes] [No] I desire my animal to receive Alfaxalone anesthetic. It is recommended for HIGH RISK SURGICAL PATIENTS.

[Yes] [No] I give permission for my pet to receive Dental X-rays

[Yes] [No] In the unlikely event that your pet needs CPR, we will perform CPR for 15 minutes with your permission at no charge.

Signed _____ Date: <Date>