



# MOUNTAIN VIEW VETERINARY HOSPITAL

## DENTAL RELEASE

Owner/Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Animal's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_

Current On Vaccinations (\_\_\_\_)Yes (\_\_\_\_) No, Please Update

If not current on vaccinations, we require that your pet be updated for his/her own protection. If your pet has evidence of fleas, we will need to discuss treatment.

I give Mountain View Veterinary Hospital permission to perform anesthesia and dental cleaning. The following procedures are available at additional cost and our staff will provide an estimate.

- Intravenous Catheter and Fluids
- Extractions
- Dental Radiographs
- Please contact me if any extractions or x-rays are necessary. I will be available at the above phone number.
- Courtesy Toe Nail Trim
- Pain Medication (if indicated)
- Other \_\_\_\_\_

It is medically advisable to perform pre-anesthesia blood tests before general anesthesia. Knowing how certain body organs, such as the liver and kidneys, are functioning is important when your pet has to undergo anesthesia. Our hospital laboratory is fully equipped to perform these tests. Results will be available to your doctor prior to your pet being anesthetized.

(\_\_\_\_\_) Yes (\_\_\_\_\_) No, I understand the recommendation, but decline.  
(Please initial one of the above)

Mountain View Veterinary Hospital is to use all precaution against injury, escape or death of my pet. I understand that all anesthesia involves some minimal risk to my pet, but Mountain View Veterinary Hospital will be not be held liable or responsible in any manner whatsoever, or under any circumstances in connection therewith.

**I have read the foregoing and agree:**

\_\_\_\_\_  
Owner's/Agent Signature

\_\_\_\_\_  
Date

**Payment is due in full when services are rendered**