

# FALLS VILLAGE VETERINARY HOSPITAL DENTAL RELEASE FORM

Client: \_\_\_\_\_ Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Procedure: \_\_\_\_\_

Telephone number(s) where I can be reached today: \_\_\_\_\_

My pet is scheduled for a procedure that requires anesthesia. Before placing my pet under anesthesia, a veterinarian will perform a complete physical examination. I have been informed of the inherent risk in the surgery and/or anesthesia that my pet will be undergoing today. I understand the reason for and the prognosis of the procedure.

**OWNER/AGENT:** \_\_\_\_\_

Because there is always the possibility that a physical exam alone will not identify all of your pet's health problems, we strongly recommend a pre-anesthetic profile. This combination of seven blood tests will provide information concerning your pet's kidney, liver and pancreatic function, assess hydration status and blood volume and greatly reduce the risk of complications as well as identify medical conditions that would require treatment in the future. Please initial one box below:

**Lab work approved**                       **Lab work declined**

If further problems are detected while your pet is under anesthesia, how should they be handled? Please choose an option:

- Do whatever is necessary.**
- Please contact me before doing any additional procedures.**  
**If I cannot be reached:**  
 **Do only as I have authorized.**  
 **Perform the procedures that are deemed necessary.**

**Do only what I have authorized.**

If your pet experiences severe post-operative pain, it may be necessary to give your pet pain medication.

**I UNDERSTAND AND CONSENT:** \_\_\_\_\_