



Animal Care Clinic  
 1303 E. 7th Street  
 Auburn, IN 46706

## Dental Release Form

**Client:**

**Patient:**

**Breed:**

**Age:**

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 that to their permanent health record.

During the exam, we may find teeth that require additional work. We will attempt to call you if unanticipated, non-emergency procedures are needed to correct your pet's dental condition.

However, when we have to call during the procedure, your pets are subjected to prolonged anesthesia and expense at a later date to complete treatment. Instead, if you would like to select one of the following options should unforeseen, non-emergency procedures become necessary.

\_\_\_\_\_ Yes, I give my consent for the doctors to use their professional judgement and extract any teeth necessary to maintain my pet's health.

\_\_\_\_\_ Yes, I give my consent for extractions **AFTER** I have been called and informed of the situation. If I am **NOT** available, then I **DO** give my consent for the doctors to extract any teeth necessary.

\_\_\_\_\_ Yes, I give my consent for extractions **AFTER** I have been called and informed of the situation. If I am **NOT** available, then I **DO NOT** give consent for the doctors to extract any teeth. I am aware that the doctors believe teeth may need to be removed and that my pet may have to undergo additional anesthesia in the future to have these teeth removed.

\_\_\_\_\_ No, I **DO NOT** give consent for the doctors to extract any teeth. I am aware that the doctors believe teeth may need to be removed and that my pet may have to undergo additional anesthesia in the future to have these teeth removed.

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Print Name

Signature

Date

Contact Number \_\_\_\_\_