

**Mountain View Veterinary Hospital**

**Dental Release**

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

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

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

Reason for Admission \_\_\_\_\_

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.

Should the need for oral surgery be required:

\_\_\_ I authorize the doctor to perform the procedure(s) ie. extractions

\_\_\_ I wish to be contacted before any additional procedure is done

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:

\_\_\_ Extractions

\_\_\_ Dental Radiographs

\_\_\_ Pain Medications (if indicated)

\_\_\_ Other

\_\_\_ Please contact me if any extractions or x-rays are necessary. I will be available at the above phone number.

---

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 or the other)

In the case of something unforeseen:

\_\_\_ I wish Mountain View Veterinary Hospital to do any necessary treatment they deem necessary up to \$\_\_\_\_\_.

\_\_\_ I wish to be contacted first and if I am unable to be contacted I authorize Mountain View Veterinary Hospital to do any treatment they deem necessary up to \$\_\_\_\_\_.

\_\_\_ I wish to be contacted and if I am unable to be contacted I do not authorize Mountain View Veterinary Hospital to do any treatment that exceeds \$150.00 total.

\_\_\_ In the unlikely event that my pet has a cardiac arrest or other life threatening medical occurrence, I DECLINE cardio-pulmonary resuscitation

(DNR) \_\_\_\_\_

Signature

---

Mountain View Veterinary Hospital is to use all precaution against injury, escape or death of my pet. Mountain View Veterinary Hospital will 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/Agent's Signature

\_\_\_\_\_  
Date

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