

**Dental Release**

Owner/Authorized Agent \_\_\_\_\_ Animal's Name \_\_\_\_\_

**Telephone Number(s)** (In case of emergency) \_\_\_\_\_

Current on Vaccinations (\_\_\_\_)Yes (\_\_\_\_)No (\_\_\_\_) Please Update  
If not current on vaccinations, we recommend that your pet be updated for his/her own protection. If your pet has evidence of fleas, we will need to discuss treatment.

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We recommend blood screening test to evaluate how certain body organs, such as the liver and kidneys, are functioning before anesthesia is administered to your pet. Our hospital laboratory is fully equipped to perform these tests. Results will be available to your doctor prior to your pet being anesthetized. (please initial one of the below)

**\$71.75**

(\_\_\_\_) Yes (\_\_\_\_) No, I understand the (\_\_\_\_) No, I have had blood work  
recommendation, but decline. done in the last two weeks.

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\_\_\_\_ Please contact me if any extractions or X-rays are necessary at the phone number above.

**OR**

\_\_\_\_ Proceed per Dr's discretion

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The following procedures are available at **additional cost** and our staff will provide an estimate.

\_\_\_\_ Dental extractions (\$18.40- \$88.50 each depending on tooth)

\_\_\_\_ Apply Doxirobe gel (an antibiotic lasting 3 weeks) for the treatment and control of periodontal disease

**\$72.00**

\_\_\_\_ Pain medication (if indicated)

\_\_\_\_ Nail trim -- **FREE!!**

\_\_\_\_ Other \_\_\_\_\_

I give Cornell Center Animal Hospital permission to perform **anesthesia** and **dental** cleaning. Cornell Center Animal Hospital is to use all precaution against injury, escape or death of my pet. I understand that all anesthetics involve some minimal risk to my pet, but Cornell Center Animal Hospital will not be held liable or responsible in any manner whatsoever or under any circumstances in connection therewith.

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

\_\_\_\_\_  
Owner's/Agent signature

\_\_\_\_\_  
Date

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