

Spring Hill Animal Clinic

4610 Springhill Ave

Mobile, AL 36608

Office: (251) 343-5033 Fax: (251) 343-5034

DATE: _____

DENTAL RELEASE FORM

CLIENT NAME: _____

PET NAME: _____

During the process of the dental cleaning, we may find teeth that need to be removed. 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 time. If your permission cannot be obtained, your pet may need to have additional 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, this will allow us to proceed with the dental cleaning without any delays.

- ☐ I authorize the veterinarian to proceed with all procedures. I understand that these charges may exceed \$85 if multiple teeth must be extracted.
- ☐ I prefer to be contacted prior to any additional procedures if the charges are in excess of those listed here. The total charge of the **additional procedures** should not exceed:
 - \$30.00
 - \$65.00
 - \$85.00
- ☐ If I cannot be reached, I do not authorize additional, non-emergency procedures.

Signature: _____

I can be reached at all times during the day:

Home: _____ Work: _____ Cell: _____

Employee Initials: _____