



# Duluth Animal Hospital Dental Release Form

## Pick-Up Hours

Mon-Thurs until 6:00 PM  
Fri until 5:30 PM

Your pet has been scheduled to for a dental procedure to treat dental disease. A general anesthetic is required to perform these procedures. Please read the anesthesia form for additional information.

After your pet is anesthetized, a veterinary technician will clean and polish your pet's teeth with ultrasonic and hand scaling instruments the same way a dental hygienist cleans your teeth. The veterinarian will examine the teeth and gum tissue using a dental probe just as a dentist examines your teeth. A set of X-rays will be taken to evaluate your pet's teeth beneath the gum line, and it is at this point, the doctor can fully assess your pet's teeth and gums. These will help determine if any further treatment is indicated, as problems can often be hidden. Additional treatments may include (but are not limited to) the extraction of teeth, root planing, gingival (gum) therapy, or other surgical treatments like those provided by an oral surgeon or periodontist. Please feel free to discuss these treatments with the veterinarian and indicate your choice below by signing your initials.

### Please initial one of the following :

\_\_\_\_\_ The doctor is authorized to perform any treatment necessary, including gingival therapy, root planing, removal of teeth, or other needed oral surgery as determined necessary by the veterinarian. I understand this could result in additional charges.

\_\_\_\_\_ Please contact me at \_\_\_\_\_ before providing any recommended procedures.

**I understand that my pet will be under anesthesia at the time of the call and I will be available at this number from 9AM to 4PM.**

If I happen to be unreachable within 10 minutes of this phone call, I would like the veterinarian to :

- Provide recommended treatments
- Conclude dental procedure without recommended treatments

*Treatment procedures of diseased teeth are not included in the standard dental cleaning, polishing, and x-ray fees. They require additional surgical time, and injections of antibiotics and pain control medications are often required at an additional cost. Please feel free to ask for an estimate.*

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Admitting Staff Member \_\_\_\_\_

