

Office Use Only

D-Class \_\_\_\_\_



## DENTAL RELEASE

**Date:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Patient:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Procedure:** \_\_\_\_\_

I understand that the procedure to be performed requires sedation and/or anesthetic. I, the undersigned, owner of the aforementioned animal, hereby consent and authorize Murdoch Veterinary Clinic and its staff to hospitalize my pet and administer anesthetics in order to complete treatment that the doctors(s) deem necessary for the health, safety or well-being of my animal during and in the recovery phase of the DENTISTRY. I also understand that undergoing general anesthesia involves risks to the metabolic functions of my pet. I am aware that pre-anesthetic blood work helps to minimize these risks.

I elect to have the following blood work performed on my pet:

Minimum preanesthetic panel

Diagnostic blood panel

No blood work

I authorize Murdoch Veterinary Clinic to administer any pain medication postoperatively deemed necessary. If my pet should injure itself in an attempt to escape, refuse food, soil itself, become ill or die while in the hospital, I will hold Murdoch Veterinary Clinic and staff free of any responsibility and/or liability in the absence of gross negligence.

I further realize that I am responsible for payment for the above procedures and treatments in full at the time the animal is discharged. If I neglect to pick up the animal within 3 days of written notice that it is ready for release and mailed to the stated address, you may assume that the pet is abandoned. You are then authorized to dispose of it as you see fit. Abandonment does not release me of my obligation for the bill.

I further agree that in the case of nonpayment, a finance charge of 5.0% per month will be charged and that any collection fees or attorney fees be paid by me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Daytime Number(s) (where we can reach you while your pet is here)

Can we text or email you to inform you of how your pet's procedure went? \_\_\_\_\_

Other procedures requested:

Tattoo

Microchip

Vaccination Booster

Rabies

Umbilical hernia repair

Other \_\_\_\_\_