



Fax: 703-360-1310
 www.forthuntanimalhospital.com

Dental Surgical Release Form

Full Name:	Pet's Name:
Address:	Species/Breed/Color:
City, State, Postal Code:	Birthdate:
Phone Number:	Sex:
Current Date:	Current Weight (Weight at hospital):

I request and authorize Fort Hunt Animal Hospital to hospitalize my pet for a dental cleaning procedure. The cost of the procedure also includes: An IV catheter placed for intravenous fluids and emergency intravenous access; a preanesthetic blood screening, which checks for anemia, kidney and liver function; and full mouth dental radiographs. _____ Owners Initials

If worn, fractured, or diseased teeth are found, it is in your pet's best interest to have them treated to prevent health problems and pain. Treatment may be a sealant (for worn or superficially fractured teeth, to protect the pulp cavity) or extraction. All diseased teeth that the doctor deems necessary will be sealed or extracted. The cost of extraction varies depending on the type of tooth, time needed, and severity of disease. Every effort will be made to save teeth from extraction. We will call in the event that we find diseased teeth that need to be sealed or extracted.

- Do not extract or seal any teeth if I cannot be reached
 It is OK to extract or seal any diseased teeth if I cannot be reached
 I have discussed my pet's oral health extensively with the doctor, no call is necessary -- I authorize the doctor to extract or seal whatever teeth he/she deems necessary

Clindoral gel may be applied into the pockets between loose teeth to help the teeth adhere to the gum and treat any infections. The goal is to strengthen the tooth and avoid extractions. It is only applied when recommended by the doctor in order to avoid extractions; this is not a treatment that will be applied for every patient. _____ Do not apply Clindoral _____ It is OK to apply Clindoral

Some pets may require antibiotics during and/or after the procedure. The mouth harbors many types of bacteria that if not treated can be dangerous. The cost of antibiotics is based on your pet's weight. _____ Owners Initials

Perioperative pain control is important for all pets undergoing painful procedures. Routine dental procedures are not inherently painful; however, any patient requiring tooth extraction(s) will be prescribed and administered the appropriate pain medication(s). The cost of pain medication is based on your pet's weight. _____ Owners Initials

It is necessary in some cases to trim the fur around the mouth for hygienic and safety purposes. _____ Owners Initials

Does your pet need any other procedures while under anesthesia? Nail Trim: _____ Ear Cleaning: _____ Other: _____

Once your pet is under anesthesia, we will perform full mouth radiographs and probe the teeth to determine the extent of the disease. After this is completed, we will call and provide a treatment plan and estimate for any recommended treatments or extractions beyond routine dental scaling and polishing. Phone number(s) where I can be reached today: _____

****It is imperative that we are able to reach you at any point prior to, during, and after your pet's procedure. Please provide the best contact information possible.**

IMPORTANT! PLEASE READ CAREFULLY:

Fort Hunt Animal Hospital's healthcare team provides superior pet health care and caring attention to every family member every time. We strive to perform at our best and demonstrate an AAHA standard care of excellent veterinary practice. If for any reason your pet is in an emergency state and cardiopulmonary resuscitation (CPR) is needed, we require all hospitalized and boarding pets to have a "code" status to allow for the fastest response possible. Please initial one of the following options:

OPTION #1: MAXIMUM RESUSCITATIVE EFFORTS AUTHORIZED

I understand that there are risks associated with anesthesia and surgery, and that the doctors will do their best to minimize these risks. If my pet's vital signs change such that additional supportive treatment is needed, the veterinary team will proceed with supportive life-sustaining procedures. I request that the doctors and staff perform CPR procedures to revive my pet, which may include any or all of the following procedures: endotracheal intubation, oxygen support, administration of emergency drugs, and chest compressions. As with all services provided by Fort Hunt Animal Hospital, payment for these services will be made at the time they are rendered, regardless of the outcome. I accept that if the hospital staff is unable to reach me within 10 minutes after the initiation of CPR procedures, and after exercising reasonable medical judgment, determine that there appears to be virtually no hope for medical success, they will cease further CPR procedures and administer a medication to help my pet pass peacefully (euthanasia). I understand that despite the best efforts of the doctors and staff at this facility, even the most successful CPR that restores my pet's life may not allow my pet to regain his/her normal mental and physical health. _____ Owners Initials

OPTION #2: DO NOT RESUSCITATE (DNR)

I understand that there are risks associated with anesthesia and surgery, and that the doctors will do their best to minimize these risks. If my pet's vital signs change such that additional supportive treatment is needed, I *do not wish* for Fort Hunt Animal Hospital to attempt resuscitation of my pet. I elect, instead, that the attending doctor administer a medication to help my pet pass away peacefully (euthanasia). This order does not affect comfort or other medically indicated care. _____ Owners Initials

Signature of Owner: _____

Staff Checked In: _____