



DENTAL ADMISSION FORM

Columbia Veterinary Hospital, 5916 6th Ave, Tacoma, WA. 98406, 253-564-7927

Today's Date: _____

Contact Phone # _____

Owners Name: _____

Emergency Phone # _____

Pet's Name: _____

DENTAL EXTRACTIONS: I authorize dental extractions to be performed as recommended by the Veterinarian.

_____ YES Please extract teeth if needed. _____ NO Please contact me before any extractions.

If NO is marked, please leave a good contact number in case we need to reach you, as your pet will be under anesthesia during the phone call.

Are there additional services needed to be done today?

CONSENT/RELEASE:

I am the owner (or agent of the owner) of the animal described above and have the authority to execute this consent. I request, and authorize you to hospitalize this animal for purposes of diagnosis, treatment, surgery, dentistry, or other procedures, as specified on this release. I further authorize the use of appropriate anesthetics and other medications you deem advisable. I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I understand that during the performance of such procedures, unforeseen conditions may be revealed that necessitate an extension of these procedures or different procedures than those listed. I hereby consent to and authorize the performance of such procedures as are necessary or desirable in the veterinarian's judgment.

I expect that you will use reasonable precautions to assure my pet's safety while it is in your care, but I understand and certify that NO GUARANTEE HAS BEEN MADE as to the results obtained.

Further, I ASSUME RESPONSIBILITY FOR AND WILL PAY ALL CHARGES IN FULL UPON DISCHARGE OF THE ANIMAL FROM THE HOSPITAL, unless arrangements are approved in advance by the Doctor or Office Manager.

Signature _____ Date _____