

Lovell Animal Hospital

Knoxville, TN 37932 Fax: 865-671-2337 Phone: 865-777-1221

Patient ID#:
Client ID#:

Client:

Patient:
Species:
Breed:
Color:
Age:

Date:

I, _____ *owner name* _____, the owner of _____ *pet name* _____,
_____ *age, breed, and gender* _____, understand, consent and authorize the
performance of the following procedure(s):

_____ Canine dental cleaning

_____ I give my permission for removal of any baby teeth if the doctor recommends it \$13

_____ If there is evidence of adult teeth that need to be removed or signs of periodontal disease, the
doctor has my permission to treat as needed

_____ Please call me first if there are extractions or additional treatments needed

_____ If the doctor deems it necessary, I give my permission for IV fluids to be administered during
the procedure at an additional charge of \$38

_____ I request pain medication for my pet if there are extractions

_____ I would like my pet microchipped while under anesthesia \$47

_____ Additional services to be performed during dental cleaning:

I authorize the use of appropriate anesthetics and other medications, and have been informed about the
nature of the procedures and risks involved. I further understand that during the course of the
procedure(s), unforeseen conditions may arise that may necessitate the performance of additional
procedures. I realize that results cannot be guaranteed.

Signed: _____ Date: _____

Emergency/contact telephone number _____

Fasted: _____

Not fasted: _____