

# 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 \$12

\_\_\_\_\_ 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 \$36

\_\_\_\_\_ I request pain medication for my pet if there are extractions

\_\_\_\_\_ I would like my pet microchipped while under anesthesia \$46

\_\_\_\_\_ Additional services to be performed during dental cleaning:

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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: \_\_\_\_\_