

ORAL SURGERY RELEASE FORM

West Chester Veterinary Care (WCVC)

Owner: _____

Patient: _____



I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give WCVC, its agents and/or representatives full and complete authority to perform dental prophylaxis.

I understand that additional work may be required once my pet's mouth has been fully evaluated, including possible tooth extractions, oral surgery, or gum resection.

In that instance, I would like WCVC to take the following action:

Perform all work deemed necessary to alleviate pain and manage periodontal disease. There is no need to contact me regarding estimated costs, unless those costs are anticipated to exceed \$_____

Contact me with an estimate for the additional services. I will be by my phone all morning. If you are unable to reach me at my contact number, I understand that my pet may be recovered without these services being performed and my pet will require a second procedure to complete the work.

I do not authorize any services beyond the basic estimate. I understand that any further pathology will be untreated and my pet may require a second procedure in the future to alleviate pain and manage disease.

I do hereby forever release the said Hospital, Doctor, and/or Representatives from any and all liability arising from surgery on said animal.

Signed _____ date: _____

I may be reached at the following number(s) today: 1. _____

2. _____