

CROSSROADS ANIMAL HOSPITAL  
651 HWY 71 W  
BASTROP, TX 78602  
512-321-0506



PATIENT NAME - PLACE PATIENT LABEL  
HERE

DENTAL RELEASE FORM

ALL FEES ARE DUE AT THE TIME OF SERVICES RENDERED

Your Dental Cleaning will include: Dental Exam, Pre-Surgery Blood Screen, CBC, Ultrasonic Scaling/Polishing, IV Fluids, General Anesthesia, Pre Medication(Sedation), Full Mouth Dental Radiographs to evaluate tooth roots & check for abnormalities under the gum line and a Courtesy Nail Trim. For pets 7 years or older we do require pre-surgical bloodwork for an additional fee.

The base dental price does not include any extractions the patient may need or additional treatments

Please initial here \_\_\_\_\_

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

Factors that limit our ability to detect every dental problem your pet may have with just an oral exam may include:

1. Lack of patient cooperation can impair visualization, especially of back teeth.
2. Many periodontal problems can be detected only by probing under the gums with an instrument.
3. Dental tartar can hide underlying cavities or fractures.

For these reasons a full mouth dental radiograph is performed once your pet is under anesthesia.

PLEASE LEAVE THE BEST CONTACT NUMBER BELOW FOR APPROVAL OR DECLINE OF DENTAL EXTRACTIONS.

By my signature below: I hereby consent and authorize CROSSROADS ANIMAL HOSPITAL, its doctors, agents, employees and representatives to perform the above listed procedure on my pet. I also authorize them to utilize diagnostics, treatment, surgical, anesthetic and sedative protocols as deemed necessary. I hereby certify I am informed of the possible risks and complications associated with these procedures including death. I also certify that no guarantee or assurance has been made as to the results that maybe obtained.

Vaccine Recommendations for all Dentals: (please initial below for decline)

| Rabies:    | <input type="checkbox"/> Current | <input type="checkbox"/> Due | Required by state of TX - K9 & FEL                                | <input type="checkbox"/> Accept | <input type="checkbox"/> Decline* |  |  |
|------------|----------------------------------|------------------------------|---|---------------------------------|-----------------------------------|--|--|
| DHLPP ( )  | <input type="checkbox"/> Current | <input type="checkbox"/> Due | <input type="checkbox"/> Accept <input type="checkbox"/> Decline* |                                 |                                   |  |  |
| Bordetella | <input type="checkbox"/> Current | <input type="checkbox"/> Due | <input type="checkbox"/> Accept <input type="checkbox"/> Decline* |                                 |                                   |  |  |
| FVRCP ( )  | <input type="checkbox"/> Current | <input type="checkbox"/> Due | <input type="checkbox"/> Accept <input type="checkbox"/> Decline* |                                 |                                   |  |  |
| FELV ( )   | <input type="checkbox"/> Current | <input type="checkbox"/> Due | <input type="checkbox"/> Accept <input type="checkbox"/> Decline* |                                 |                                   |  |  |

\* I have declined other recommended vaccinations for my pet at this time, acknowledging the risks that may or may not be involved in doing so. \_\_\_\_\_

Signature: \_\_\_\_\_ Phone# \_\_\_\_\_

We cannot guarantee all pets coming in will be free of fleas. If your Pet is found to have fleas upon arrival, they will be given a single dose of Capstar without consent, at your expense.

PLEASE NOTE: In accordance with TX H.B. #2063 we are informing you that we do not have staff on-site 24/7. We are here from 7 am - 6 pm M-F and on weekends our staff comes in twice a day to care for kennel pets. Also, our facility is not equipped with a fire protection sprinkler system. Initial \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Check-In Time: \_\_\_\_\_

# Growth Removal Chart

Please indicate on the chart below where the growth is on your pet that is to be removed. Also, please mark YES or NO if you would like the growth sent to our lab for testing. Please then sign and date this section. Thank you.

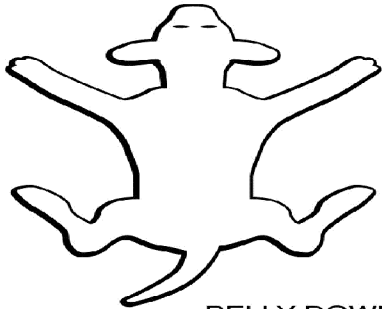
Would you like the growth sent to the lab for testing?     YES     NO

X \_\_\_\_\_ Phone # \_\_\_\_\_

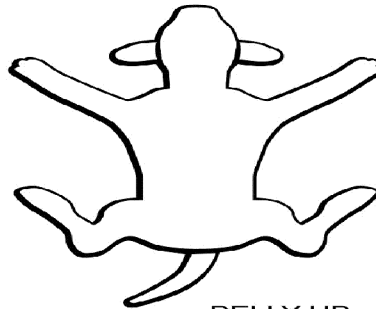
Alternate Name: \_\_\_\_\_ Alter. Phone # \_\_\_\_\_

## GROWTH/LESION CHART

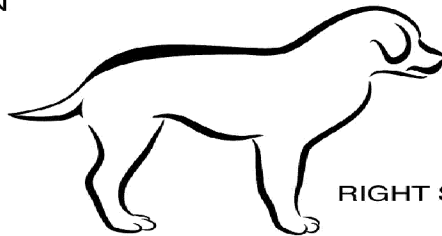
**GROWTH/LESION CHART:**  
Please map on the chart(s) below any growths, masses or lesions you would like checked and or removed today. Please leave specific instructions on length of time noticed, if its gotten bigger/color change, etc. Also, note if you would like removed, aspirated or both. Please also leave good, valid phone numbers so the Doctor can reach you if possible. Thank you :)



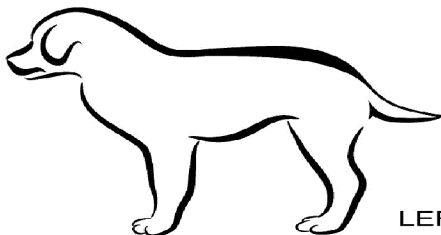
BELLY DOWN



BELLY UP



RIGHT SIDE



LEFT SIDE

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for entrusting us with your pet's care. We will do everything we can to honor that trust and provide your pet with the best care possible.

**Crossroads Animal Hospital**