

DENTAL RELEASE FORM

Hill Country Animal Hospital
7023 Bee Caves Road
Austin, Texas 78746
(512) 329-5177

Jim Holcomb, DVM

Phone # AM: _____

Phone # PM: _____

Owner: _____

Patient: _____

Breed: _____

Sex: _____

Age: _____

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 Hill Country Animal Hospital and/or Dr. Jim Holcomb, DVM, his agents, servants, and/or representatives full and complete authority to perform the surgical procedure described as:

and to perform any other procedure that, at his discretion, may be useful to promote the health of the above described pet, and I do hereby and by the presents forever release the said Doctor, his agents, servants, or representatives from any and all liability arising from said surgery on said animal.

Signed _____ Date _____

The Doctor recommends a pre-anesthetic screen before any anesthesia is given. Please indicate if you would like to have this procedure done. The cost is \$49.90. (***Strongly suggested for all pets, especially when 2 years or older***)

YES NO

If we see teeth that need to be extracted, please indicate if you would like to have this procedure done. Cost varies.

YES NO

If we see gingival pockets that need to be filled with Doxyrobe, please indicate if you would like to have this procedure done. The cost will vary.

YES NO

Would you like to have a HomeAgain microchip implanted while your pet is sedated? The cost is \$67.90

YES NO