



Hefner Road Animal Hospital  
Robert Purvis, DVM

DENTISTRY AND ORAL SURGERY FORM

Owner \_\_\_\_\_

Patient \_\_\_\_\_

Phone number where we can reach you today: \_\_\_\_\_

Like you, our greatest concern is the well-being of your pet. A physical examination will be performed before sedation. However, many conditions, including disorders of the kidneys, liver, heart & blood cannot be detected without blood lab screening. Therefore blood screening is required before any anesthesia.

**EXTRACTIONS & OTHER PROCEDURES:** Each tooth cannot be completely evaluated until after the patient is sedated. Therefore during the cleaning process it may be necessary to remove a diseased tooth or perform minor dental procedures.

**PLEASE CHECK A LEVEL OF CARE THAT YOU DESIRE SHOULD WE NEED TO PERFORM EXTRACTIONS:**

\_\_\_\_\_ Contact owner before anything is done.

\_\_\_\_\_ Treat up to \$150.00 with procedures the Doctor deems necessary.

\_\_\_\_\_ Do whatever is deemed necessary by the Doctor.

**PREANESTHETIC ELECTROCARDIOGRAM (EKG/ECG):**

\_\_\_\_\_ YES I do authorize an EKG/ECG at a cost of \$47.50.

\_\_\_\_\_ NO I do not authorize an EKG/ECG and I understand and assume all responsibility for additional risks/complications resulting from refusal of this service.

**OWNER RELEASE:**

You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that all sedation/anesthesia involves some minimal risk but you will not be held liable in any manner whatsoever or under any circumstances in connection therewith as it is thoroughly understood that I assume all risks. I have read the forgoing and agree.

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Signature (Owner / Agent)

Date