

DENTAL RELEASE FORM

Owner's Name: _____ Date: _____

Animal's Name: _____

I certify that I own the animal named above. I consent and authorize Montgomery Animal Hospital and its staff to hospitalize my pet and to administer whatever tests, anesthetics, dental procedures, treatments and medications that the doctors deem necessary for the health, safety and well-being of my pet while it is under their supervision and care. I understand that there is a possibility that my pet's teeth and gums may be so severely damaged by periodontal disease that the extraction of some teeth may be necessary, and I give my permission for the doctor to make these "necessary" extractions. I understand that there will be an additional fee for any and all extractions. I also understand that some pets are required to stay overnight following dentistry because of either bleeding from extractions or failure to adequately recover from anesthesia, and that there may be a fee for such overnight stays.

If my pet should injure itself in an escape attempt, soil itself, become ill or die while in the hospital, I agree not to hold Montgomery Animal Hospital and its staff responsible and/or liable in the absence of gross negligence.

I further agree that I am responsible to pay in full for the dental procedures/treatments at the time my pet is discharged. If I fail to pick up my pet within five (5) days of receiving written notice mailed to my address on record, Montgomery Animal Hospital may consider my pet to have been "abandoned" by me. The hospital then has my permission to dispose of my pet as it sees fit. I understand that "abandonment" does not release me from my obligation to pay my pet's bill including any extra costs incurred due to my "abandonment."

I further agree that in the case of nonpayment of my pet's bill, a finance charge of 1-1/2% per month (18% per annum) will be charged on the unpaid balance, and that the finance charge and any collection fees or attorney fees incurred by the hospital will be paid by me.

SIGNED: _____ (Owner or Authorized Agent)

Contact Telephone Number: _____

Last date & time my pet was given any food item (ie: meal, snack, biscuit): _____