



Glenway Animal Hospital
 6272 Glenway Avenue
 Cincinnati, Ohio 45211
 (513) 662-0224

Glenway Animal Hospital Dental-Anesthesia Disclosure Form

Patient's Name: _____ Date: _____

Client's Name: _____

Home Number: _____ Cell Number: _____ Work Number: _____

I hereby consent and authorize the performance of the following procedure(s): _____

My pet was last fed at: _____

Permanent Microchip ID is now available. Would you like for your pet to have a microchip implanted today?

_____ YES _____ NO _____ ALREADY HAVE

X-rays detect extractions under anesthesia. Do you prefer that the doctor:

_____ Proceed with extractions _____ Call before proceeding

If an emergency situation occurs and I cannot be reached at the number listed above, I authorize the doctors and staff of Glenway Animal Hospital to perform any procedures that the doctors feel are in my pet's best interest.

_____ YES _____ NO

I understand that, although all reasonable precautions and due care will be taken in the treatment of my pet, there is always potential risk associated with anesthesia and surgery. By signing below I signify that I accept these risks and authorize the veterinarians of Glenway Animal Hospital (and any assistants the doctor may designate) to perform the above procedures.

 Signature

For office use only:

Estimate:

- Given
- LMOR
- Phone

Pick-up Time: _____