



ALL DOGS MUST BE ON LEASH

Did you pay a Deposit? \$ _____

Hosting Clinic Name: Beds-N-Biscuits

Non-Anesthetic Dental Cleaning Waiver

Your animal could have unknown underlying health issues. There are always risks that could happen while working on your pet. In order to work on your pet, we will need this form **Completed** and **SIGNED**.

We reserve the right to turn down your pet for any reason.

LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT.

By signing this agreement, the animal owner agrees to release Well Animal Institute/dba K-9 Smiles, its veterinarians, and all of its employees harmless from any and all claims. This includes the **hosting clinic** and all of their employees. By signing this waiver you are also giving us permission to use your dog's picture on our website, please let our vet know if you do not wish such to be done.

Owners First Name/Last Name: _____

Address: _____ City, State, Zip: _____

Home Number: _____ Cell Number: _____

Email: _____

How did you hear about us? Beds-N-Biscuits

I understand that a non-anesthetic dental exam and cleaning may not be as thorough as an anesthetic dental exam, cleaning and x-rays, but rather is just one part of a complete dental care plan for my pet. Your pet may be wrapped or restrained and this could cause sore neck or back issues.

Signature: _____ **Today's Date:** _____

I have read and understand the information on this form

If your Pet needs antibiotics there will be an additional charge.

Credit Card _____ Visa _____ MasterCard _____ Discover _____ Debit Card

Date _____ Name on Card _____

Credit Card # _____ **Exp. Date** _____

CVC Code _____ **Amount \$** _____ **TIP \$** _____

www.k-9smiles.com info@k-9smiles.com 303-654-0560

Signature: _____ **Today's Date:** _____

I give permission to WAI/dba K-9 Smiles to run my credit card for payment

PLEASE COMPLETE BACK PAGE 2

Please note that WAI/dba K-9 Smiles holds all information we receive in the strictest

PAGE 2

PLEASE COMPLETE THE FOLLOWING:

Ownername: _____
_ Pet's name: _____ Age: _____ Male _____
Female _____ Spayed/Neutered? Yes or No
Breed: _____
Color: _____ Weight: _____
Previous client? Yes _____ No _____ When was your pet last seen by us? _____ Is
the pet up to date on their vaccinations Yes _____ No _____ (Date of rabies) _____

Name of your vet: _____
Address: _____
_____ Date of
last visit: _____ Reason
for visit: _____ Does
Your Pet have a tendency to bite others? Yes _____ No _____

Medical history:

Any allergies to medicine? _____
Current medications (if any) _____
Previous dental(s) Yes _____ No _____ Previous extractions Yes _____ No _____
Any Home dental care? _____
Any heart or blood pressure issues? _____
Any general health issues?

Reason for visit: **Maintenance dental**

Physical assessment: (Veterinarian Only)

Check any that are abnormal:
General appearance: _____
Ear _____ Eyes _____ Nose _____ Throat _____ Lymph nodes _____
Heart/Lung _____ Skin issues _____
Oral cavity _____
Abdominal palpation _____

Remarks: _____
