



ALL DOGS MUST BE ON LEASH

Hosting Clinic Name: \_\_\_\_\_

**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 Care/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? \_\_\_\_\_

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.**

**PLEASE COMPLETE THE FOLLOWING:**

Owner's name: \_\_\_\_\_

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**

I, the agent, owner, or party responsible for this dog/cat, understand that Anesthesia-free dentistry is limited in its effectiveness in addressing periodontal disease as compared to a dental under anesthesia.

**Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vet's Initials: \_\_\_\_\_