

DENTAL SURGERY RELEASE

Client Name: _____ Patient Name _____
Today's Date _____

The Dental Surgery procedure includes:

- ◆ Pre-anesthetic blood testing
- ◆ Intravenous catheter and fluids (in some cases)
- ◆ Pain management throughout procedure (if necessary)
- ◆ Anesthesia supervised by the doctor
- ◆ Post-anesthetic recovery
- ◆ A written plan detailing the doctor's recommendations for follow up treatment if needed
- ◆ Oral examination by the doctor
- ◆ Dental cleaning by a veterinary technician
- ◆ Digital dental x-rays (if indicated)
- ◆ Extractions performed (if necessary)

Pre-anesthetic blood testing will allow us to detect conditions that might not be apparent on routine physical exam. A complete blood count (CBC) will check for anemia, infection, and possible bleeding tendencies. A blood chemistry profile will check for liver or kidney disease, and may indicate metabolic problems.

Complete Blood Count (CBC)- **Required** for all animals within 30 days. \$40.25

Blood Chemistry Profile- **Required** for all animals over 8 years old within 90 days. \$69.70
Strongly recommended for animals 5-8 years old.

_____ Yes, please perform the blood chemistry profile. (Pets under 8 years of age)

Do you give your pet any medications or supplements? YES/NO

If yes, please list _____

When did your pet last eat or drink? _____

Additional services requested today? _____

1. I understand that dental x-rays and/or extractions will be performed today if necessary. The price of extractions can vary based on the level of difficulty. _____ (initial)

2. Do you prefer for us to contact you if x-rays or extractions are necessary? YES/NO

***If we can't reach you, do you want us to continue with the recommended procedures?** YES/NO

3. I understand that antibiotics and/or pain medications may be required for my pet's health following the dental cleaning today. _____ (initial)

4. I understand and assume financial responsibility for all services rendered. Payment is due at the time my pet is discharged from the hospital. _____ (initial)

5. This dental procedure requires my pet to be under general anesthesia. I understand that there are risks associated with its use. _____ (initial)

Signature _____

Today's Telephone number (1st) _____ Telephone number (2nd) _____

Admitted by: _____ (initial)

1/15/2009