

# DENTAL RELEASE FORM

Date: \_\_\_\_\_ Pet Name(s): \_\_\_\_\_

## RELEASE

I hereby consent and authorize Hemlock Bluffs Animal Hospital to perform a dental cleaning and anesthesia upon my pet. **I have been informed of the possible risks and complications associated with this procedure and have no further questions regarding the procedure.** Specifically I understand that because of the nature of general anesthesia, complications cannot always be predicted and may include permanent disability or death. I understand that if I have questions regarding the surgical procedure or the potential complications that I have the right to request a doctor consultation prior to the procedure.

## REQUIRED VACCINATIONS AND TESTS

I understand that all pets entering the hospital must be up to date on all **vaccinations, heartworm tests and fecal tests** and that my doctor will update my pet if he/she is overdue for any of these procedures at additional cost to me. I further understand that if there are any external or internal parasites found on my pet, they will be treated at an additional cost.

BLOOD WORK \_\_\_\_\_ Staff check here if blood work already done- \_\_\_\_\_

Pre-anesthetic blood work is **strongly recommended**. Blood work helps our doctors to determine if the organs necessary for processing anesthesia are in good health. **If your pet is UNDER 7 YEARS, you may choose whether or not he/she has pre-anesthetic blood work. If your pet is 7 YEARS OR OLDER, pre-anesthetic blood work is required.**

I choose the pre-anesthetic blood work and understand there is an additional charge.  
 My pet is under 7 years of age and I do not want blood work performed.

## IV CATHETERIZATION AND FLUIDS

Placing an IV catheter and administering warm IV fluids during surgery helps to decrease surgical recovery time and allows immediate access to a vein for life-saving procedures if an emergency arises.

**An IV catheter is optional with a routine dental cleaning, however, if any additional procedures are necessary, such as extractions or surgical procedures, an IV catheter is required.**

I want my pet to have an IV catheter and fluids and understand there is an additional fee.  
 I do not want my pet to have an IV catheter and fluids.

## EXTRACTIONS

In the event that we are unable to contact you at either phone number and we find that tooth/teeth extractions are necessary please indicate your wishes

Please perform the necessary extractions  Do not perform the necessary extractions

## ADDITIONAL PROCEDURES IF DESIRED

\_\_\_ Nail trim \_\_\_ Ear cleaning \_\_\_ Microchip (**\$10 off when under anesthesia**) \_\_\_\_\_ other

**MY PET HAD BEEN FASTED:** \_\_\_ YES \_\_\_ NO

## **YOU MUST LEAVE EMERGENCY CONTACT NUMBERS:**

Emergency # \_\_\_\_\_ Add'l emergency # \_\_\_\_\_

I have read the foregoing and agree to all conditions mentioned above. I also state that I am the owner of (or agent for the owner of) \_\_\_\_\_ . I understand that full payment is due at time of pickup and if I want an estimate for the procedure I must request that now.

\_\_\_\_\_  
**SIGNATURE**

**If you would prefer an email instead of a call at the end of surgery, please leave your email address:** \_\_\_\_\_

DATE \_\_\_\_\_

Patient \_\_\_\_\_ (Canine/Feline)      Client ID \_\_\_\_\_

Veterinary Nurse initial \_\_\_\_\_

PRODUCT                      YES/NO

Oravet (applied in house)      \_\_\_\_\_

Oravet (home care kit)      \_\_\_\_\_

Toothbrush kit      \_\_\_\_\_

Oral Rinse      \_\_\_\_\_

Breathalyzer      \_\_\_\_\_

Greenies      \_\_\_\_\_

Dental Treats      \_\_\_\_\_

D/H      \_\_\_\_\_