

CLINIC USE ONLY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATE: | | ACCT: | | INITIALS: | |
| IV cath. size: |  | | Fluid rate + type: | |  |
| ET tube: |  | | Monitoring equip: | |  |
| Preanesthetic: |  | | Induction: | |  |
| Anesthetic gas: |  | | Antibiotics: | |  |
| Pain Meds: |  | |  | |  |

Dental Special Release Form

Pet Name Age Owner Name

**Best Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Method of Contact:** Call / Text

1. Did you withhold your pet’s food/water for at least 12 hours? **Yes / No**
2. Is your pet on any medication? If yes, please list below: **Yes / No**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are there any additional procedures we should perform while your pet is anesthetized?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do we have permission to perform a pre-surgical screen on your pet? We recommend performing an EKG and a blood chemistry to evaluate the liver, kidneys, and heart prior to every anesthetic procedure. This will allow the staff to make informed decisions regarding the best anesthesia and post-operative care for your pet.

**($112.50) for EKG + Chemistry Panel)**……………….………………………….……**Yes / No**

1. Do we have your permission to perform dental extractions deemed necessary by the veterinarian? (Pain injection, antibiotic injection, and/or x-rays may be necessary. Ask about cost.) **Yes / No**
2. Would you like full mouth dental radiographs? (to evaluate for disease below the gum line) **($119.00**).................................................................................................................... ......**Yes** / **No**
3. Would you like take-home pain medication for your pet if deemed necessary? **Yes / No**

* Complimentary Pedicure + Bath (Value $40.50 - $90.00)  **FREE**
* Apply Fluoride (strengthens enamel for 6 months) **$11.10**

All patients must have a physical exam (past 12 months) at Animal Medical Clinic before anesthesia. **($71.00)** Vaccines required to stay in the hospital for any procedure: (surgery, boarding, bath etc…..)

**Canine**- DA2PP ($22.30) or DAP ($22.30) and Bordetella ($27.00) and Rabies ($40.50)

**Feline**- FVRCP ($24.10) and Rabies ($40.50)

Date Signature Phone #: