

CLINIC USE ONLY							
DATE:	ACCT:		INITIALS:				
IV cath. size: ET tube: Preanesthetic:		Fluid rate + type: Monitoring Induction:					
Anesthetic gas: Pain Meds:		Antibiotics:					

Dental Release Form 2025

Pet N	lame	Age	Owner Nan	ne			
Best	Contact #:		Preferred Method	d of Contact: Call / Text			
•	Did you withhold your p	et's food/water for	at least 12 hours?	Yes / No			
•	Is your pet on any medication? If yes, please list below: Yes / No						
•	Are there any health or behavior concerns you would like us to know about your pet?						
•	•		,	our pet? We recommend performing			
	an EKG and a blood chemistry to evaluate the liver, kidneys, and heart prior to every anesthetic						
	·		informed decisions	regarding the best anesthesia and			
	post-operative care for	•					
	(\$122.00) for EKG + CI	hemistry Panel)	Yes / No				
•	Do we have your permission to perform dental extractions deemed necessary by the veterinarian						
	(Pain injection, antibiotic	c injection, and/or >	c-rays may be neces	ssary. Ask about cost.)			
	Yes / No						
•	Would you like full mouth dental radiographs? (to evaluate for disease below the gum line)						
	(\$129.00)			Yes / No			
•	Would you like take-home pain medication for your pet if deemed necessary? Yes / No						
	Complimentary Pedicure (\$21.00 value) FREE						
	Apply Fluoride (strength	nens enamel for 6 r	months) \$12.0	00			
esia.	(\$75.00) Vaccines re			nal Medical Clinic before anes- any procedure: (surgery,			
anine	ng, bath etc) DA2PP (\$23.50) or I FVRCP (\$25.50) Rab		d Bordetella (\$28	.50) Rabies (\$43.00)			
ate	Signatur	e	i	Phone #:			