

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

Dental Release Form 2025 Form

Pet Na	me	_ Age	Owner Name		
Best C	Contact #:		Preferred Method of Contact:	Call / Text	
1.	Did you withhold your pet's	s food/wate	er for at least 12 hours?		Yes / No
2.	Is your pet on any medicat	ion? If yes,	, please list below:		Yes / No
3.	Are there any additional pr	ocedures v	we should perform while your pet is	anesthetized?	
4.	blood chemistry to evaluate	e the liver,	pre-surgical screen on your pet? V	nesthetic procedure.	This will allow the
		ŭ	arding the best anesthesia and posters!)		our pet.
5.	Do we have your permission	on to perfor	rm dental extractions deemed nec	essary by the vetering	narian? (Pain
	injection, antibiotic injection	n, and/or x-	-rays may be necessary. Ask about	cost.) Yes	/ No
6.	Would you like full mouth	below the gum line))		
	(\$129.00)			Yes /	No
7.	Would you like take-home	pain med	ication for your pet if deemed nece	ssary?	Yes / No
	Complimentary Pedicure +	Bath (Valu	ue \$43.00 - \$95.00)		FREE
	Apply Fluoride (strengthen	s enamel fo	or 6 months)		\$12.00
-			12 months) at Animal Medical Clinic		(\$75.00) Vaccines
Canine	,	\$23.50) an	ure: (surgery, boarding, bath etc d Bordetella (\$28.50) and Rabies (\$)	•	
Data	Signatura			Phone #:	