

DENTAL ANESTHESIA RELEASE FORM

Client Name: _____ Phone #: _____
Pet's Name: _____ Age: _____ Sex: _____

We require that your pet is current on **all immunizations** and **free from fleas**. This is for the protection of your pet and others that may be hospitalized. If vaccinations are not current they will be given at the **owner's expense**. If fleas are found they will be treated at the **owner's expense** of \$ 7.08 to \$7.50 depending on the weight of your animal.

Is your pet on any medications? (Please specify) _____

Were medications given today? (Please Circle) Yes / No If yes, what time? _____

Does your pet have any medical issues we should be aware of? _____

It is understood, for the best interest of my pet, that an IV catheter will be placed for this procedure. (Note: A small area of hair will be clipped on a front leg). Intravenous fluids are given during anesthesia and/or surgery help to maintain blood pressure and allow rapid administration of drugs should an emergency situation develop.

Many times, periodontal disease is so severe that teeth must be extracted. In some cases, gum tissue must be removed that may be source of pain for your pet or be creating a pocket for infection. The cost is as follows:

Extraction Grade 1 - \$27.50

Extraction Grade 2 - \$37.50

Extraction Grade 3 - \$51.00

Extraction Grade 4 - \$169.50

Dental Radiographs- \$39.00 per plate

PLEASE CHECK ONE:

____ Please do whatever extractions and dental radiographs that are needed for the health of my pet.

____ Please call me at the number listed below for an authorization before **any** extractions are performed on my pet. I understand if I am not reachable at the number below all teeth will remain in place regardless of condition and my pet will brought out of anesthesia.

What is the phone number for you today? _____

If we do pull any teeth would you like us to send the teeth home with you or just dispose of them?

Send Home _____ Dispose of Them _____

Do you authorize the implantation of an ISO microchip at a cost of **\$61.50**?

Accept _____ Decline _____ Already Chipped _____

**** For Cats: I would like my cat to be tested for BARTONELLA disease at an additional cost of \$84.50** Accept _____ Decline _____ Has been Tested _____ Results _____

I request that you perform anesthesia on my pet. I understand that there is always a risk for anesthesia. In case of a medical emergency, I authorize and accept financial responsibility for the following type of resuscitation for my pet:

0-Do not resuscitate.

1 – CPR Grade 1 (Minimal Attempt; injection) \$91

2 – CPR Grade 2 (Chest Compressions) \$219.50

NOTE: ALL CPR will default to Grade 2 if none has been noted.

3 – CPR Grade 3 (Do all that's necessary, including opening the chest) \$499.50

Signature of Owner or Agent _____ Date _____