



Dental Release Form

Owner's Name: _____ Pet's Name: _____

Phone number where you can be reached today: _____

I, the undersigned, certify that I am the owner/agent of the animal described above. I give AngelCare Veterinary Hospital permission to perform anesthesia and the following procedures:

While there are risks associated with general anesthesia, be assured that AngelCare Veterinary Hospital will take every precaution to minimize risk by always performing the following:

- ✓ Physical exam prior to anesthesia
- ✓ Multi-parameter monitoring (blood pressure, EKG, CO2, heart/respiratory/temp)
- ✓ Intravenous (IV) catheter and fluid therapy: Your pet will receive intravenous fluid therapy during the procedure. IV fluids help maintain healthy blood pressure during anesthesia, thereby hastening recovery. An IV catheter also provides us with immediate access to your pet's circulatory system which enables us to administer medications quickly and efficiently.
- ✓ Preoperative and postoperative pain control injections
- ✓ Endotracheal intubation and oxygen therapy
- ✓ Injectable and inhalant (Isoflurane gas) anesthetics based on your pet's age and specific medical needs.

We require that your pet be current on **all immunizations, free from fleas and intestinal parasites**. This is for the protection of your pet and other AngelCare patients. 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**.

I understand the following procedures are optional, but highly recommended:

- Pre-Anesthetic Blood Screening: No surgery is without risk, therefore it is advisable to perform a pre-anesthetic blood screen before surgery to help assess your pet's organ function before going under anesthesia.
 - Yes _____ I want my pet to have a pre-anesthetic blood screening. The fee is \$60
 - No _____ I understand the risk of both anesthesia and surgery and I do not want a pre-anesthetic blood screen.
 - _____ My pet's blood work has already been performed.
- Radiographs: Would you like us to radiograph (x-ray) your pet's heart and lungs prior to anesthesia and surgery? Additional fee: \$98
 - Yes _____
 - No _____

The following procedures are optional and will only be performed with your permission:

- Microchip (\$30) Yes_____ No_____
- Nail trim (no charge) Yes_____ No_____
- Ear cleaning (\$10) Yes_____ No_____
- Anal gland expression (\$12) Yes_____ No_____

Heartworm test and fecal test are to be current on all pets before going under anesthesia.

- Heartworm test (\$38) Yes_____ No_____ Current test result on file_____
- Fecal (\$15.75) Yes_____ No_____ Current test result on file_____
- Feline leukemia/FIV test (\$36) Yes_____ No_____ Current test result on file_____

Many times periodontal disease is so severe that decayed and damaged teeth must be extracted in order to relieve your pet's pain. In some cases, gum tissue must be removed that may be a source of pain or infection for your pet.

Please check one of the following:

_____ Yes, I give my consent for the doctors to use their professional judgment and extract any teeth necessary to maintain my pet's health.

_____ Call me before extracting teeth. If I can not be reached, extract necessary teeth.

_____ Call me before extracting teeth. Do **NOT** extract teeth without my permission.

I hereby authorize AngelCare Veterinary Hospital to perform the procedures described above. In addition, I authorize the AngelCare doctors and staff to provide necessary medical care for my pet if an emergency arises until I can be notified. The services and procedures to be performed today have been explained to me to my satisfaction, and I have received a written estimate of the procedures planned for my pet. I realize that the estimate is only an approximate of costs I may incur today, and that my final bill may be more or less than the estimate. I understand that complications-even-death may occur with any anesthetic/surgical procedure, and I release AngelCare Veterinary Hospital, Inc., Dr. Terri Horton, and her agents from liability with regards to complications that may result from today's procedures.

Owner Signature: _____ Date: _____

Staff Signature: _____ Date: _____