

MURRAY COUNTY VETERINARY SERVICES

DENTAL RELEASE FORM

Pet name _____

Please answer the following questions regarding your pet's history:

____ Yes ____ No Has your pet had distemper/parvo vaccination within the last 12 months?
____ Yes ____ No Has your pet had a rabies vaccination within the last 12 months?
____ Yes ____ No Is your dog on heartworm prevention?
____ Yes ____ No Has your pet been checked for internal parasites in the last six months?
____ Yes ____ No Any vomiting, coughing or diarrhea noted?
____ Yes ____ No Has your pet eaten this morning?
____ Yes ____ No Has your pet been ill or injured in the past 30 days?
____ Yes ____ No Is your pet allergic to any medications? If so what? _____

BLOODWORK: We recommend a basic blood panel before surgery to help detect any internal problems that may not be evident upon a physical examination. The basic panel checks liver and kidney function only. Although it does not eliminate all the risks of anesthesia, it does help if your pet might have a problem processing an anesthetic. **The cost of the basic blood panel is \$ 50. THIS BLOODWORK IS MANDATORY IF YOUR PET IS OLDER THAN 7 YEARS, and we may also do IV FLUIDS.**

____ **YES**, I do want the recommended blood panel ____ **NO**, I do not want the recommended blood panel

EXTRACTIONS and/or X-RAYS: Occasionally, after anesthesia and initial tartar removal, we find that one or more teeth require extraction. We will remove these teeth as necessary and administer the above mentioned pain medication. The cost is variable, but normally ranges between \$10 and \$50. Periodically, x-rays are desirable to check for more advanced problems. The cost for x-rays is between \$60 and \$100.

____ **YES**, I authorize x-rays as deemed necessary by the veterinarian ____ **NO**, I do not authorize x-rays

PAIN MEDICATION: Pain medication, if needed, is provided while under anesthesia, and lasts for 24 hours. However, if we extract teeth, we strongly recommend pain medication to go home. These medications are generally safe, but like any pain medication has rare side-effects.

____ **YES**, I do want pain meds to go home (dogs only)
____ **NO**, I do not want pain meds to go home (dogs only)

MICROCHIP: We can insert the Datamars Microfinder chip in your pet. The \$40.00 charge includes placement; you register the chip at home but there is no additional charge. The chip is good for life.

____ **YES**, I do want a microchip ____ **NO**, I do not want my pet microchipped

FLEAS/TICKS: For the comfort and protection of our other patients, there is an additional charge (up to \$25) if we have to treat your pet for fleas and/or ticks.

For the majority of our dentals, the above procedures are sufficient. However, for older animals or for procedures other than routine cleaning and charting, additional bloodwork or IV fluid support may be necessary. We will discuss this with you at check-in, or call you before the procedure.

PLEASE READ AND SIGN: I am the owner or agent for the above animal and have the authority to execute this consent and authorization of the above named surgery(s). I understand that during the performance of the procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s), or even different procedure(s), than those set forth previously. I hereby consent and authorize the performance of such procedure(s) as necessary in the exercise of the veterinarian's professional judgement. I have been advised of the nature of the procedure(s), as well as the risks involved, and also realize that results cannot be guaranteed. ***While we make every effort to prevent side effects or death while under anesthesia, unpredictable reactions do rarely occur that may cause illness or death.*** By signing below, indicate that the possibility of illness or death as a risk of any anesthetic and surgical procedure have been explained to me to my satisfaction. I have read and understand this authorization and consent.

signature of owner or agent

phone number

date