

MURRAY COUNTY VETERINARY SERVICES
DENTAL RELEASE FORM

Pet name _____

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has your pet had distemper/parvo vaccination within the last 12 months?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has your pet had a rabies vaccination within the last 12 months?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is your dog on heartworm prevention?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has your pet been checked for internal parasites in the last six months?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any vomiting, coughing or diarrhea noted?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has your pet eaten this morning?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has your pet been ill or injured in the past 30 days?
<input type="checkbox"/> Yes	<input type="checkbox"/> 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 \$ 60. BLOODWORK (\$60) and IV FLUIDS (\$60) ARE MANDATORY IF YOUR PET IS OLDER THAN 6 YEARS OF AGE.**

☐ YES, I do want the recommended blood panel ☐ NO, I do not want the recommended blood panel

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 ☐ NO, I do not want pain meds to go home

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

EXTRACTIONS and 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 \$20 and \$90. X-rays are included in dental procedure to check for more advanced problems.

- **FLEAS/TICKS:** For the comfort and protection of our other patients, there is an additional charge (up to \$27) 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