



# Dental Cleaning Release

Owners Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Alternate Phone # \_\_\_\_\_ Spouse's Name and Cell Phone # \_\_\_\_\_

E-mail address \_\_\_\_\_

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_

Age or DOB \_\_\_\_\_ Sex (please circle) *Male Female Neutered Male Spayed Female*

Are vaccinations current? YES NO - If NO, would you like them updated today? YES NO

Did your pet eat today? YES NO Did your pet receive any medications or vitamins today? YES NO

**Elective procedures to be done during surgery:**

*(Please remember there will be an additional charge.)*

- ( ) Implant Microchip ( ) Ear cleaning
- ( ) Toe nail trim ( ) Express anal glands
- ( ) Other \_\_\_\_\_

**If further problems such as teeth that need extraction are detected while your pet is under anesthesia, how should they be handled? Please check one!**

- Do whatever is needed to give my pet a healthy oral cavity including extracting any teeth that hinder my pet's health.
- Please contact me at the phone number below before doing any additional dental procedures.

## Pre- Anesthetic Blood Screening

Like you, our greatest concern is the well-being of your pet. Physical examination will be performed before sedating your pet. However, many conditions, including disorders of the liver, kidneys, and blood cannot be detected without blood testing. For these reasons, we highly recommend blood screening for pets of all ages before sedating your pet. The cost of these tests for under 7 years of age is \$120 and 7 years of age and older is \$160.

( ) I approve blood testing for my pet for an additional cost ( ) I decline blood testing. Initial \_\_\_\_\_

I understand that all sedation/anesthesia involves some minimal risk to my pet, but Suburbia North Animal Hospital, and/or its agents will not be held liable in any manner whatsoever or under any circumstances in connection therewith, as it is thoroughly understood that I assume all risks. If I am unreachable during a procedure, the Doctor may treat my animal as HE/SHE deems appropriate. I understand that I am financially responsible for all charges resulting from requested procedures.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Call client at this number: \_\_\_\_\_

OR

Text client at this number: \_\_\_\_\_