Dental Cleaning Release Form

Please verify information to the right and let us
know below what needs correcting.

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?   YES   NO

Please list any other treatments you would like done while your pet is under anesthesia.
  (Ex: toe nail trim, express anal glands, vaccines, etc.)_____

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 pets 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 or 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 $150.00.   (   ) I approve blood testing for my pet.
                          (   ) I decline blood testing.   Initial_____
                 (   ) My pet had blood testing done at his/her pre-surgical appointment.

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 any and all charges resulting from requested procedures.

Signature of Owner_____

Date _____

Phone number: _____

Office Use Only
Belongings left with patient: