

**ROBINSON ANIMAL HOSPITAL
DENTAL RELEASE FORM**

Date: _____ Pet Name(s): _____ Owner: _____

RELEASE

I hereby consent and authorize Robinson Animal Hospital to perform anesthesia and a dental cleaning upon my pet. **I have been informed of the possible risks and complications associated with this procedure and have no further questions regarding the procedure.** Specifically I understand that because of the nature of general anesthesia, complications cannot always be predicted and may include permanent disability or death. I understand that if I have questions regarding the dental procedure or the potential complications that I have the right to request a doctor consultation prior to the procedure.

REQUIRED VACCINATIONS AND TESTS

Canine: Distemper/Parvo, Rabies, Bordetella, Heartworm 4DX test, Fecal

Feline: Feline Distemper, Rabies, Fecal

*Feline Leukemia/FIV test required for outdoor cats that are more than 1 year past due on Leukemia vaccine

I understand that all pets entering the hospital must be up to date on all **vaccinations and laboratory tests** listed above and that my doctor will update my pet if he/she is overdue for any these procedures at additional cost to me. I further understand that if there are any external or internal parasites found, they will be treated at additional cost to me.

BLOODWORK ~Staff check here if bloodwork done within 30 days: _____

Pre-anesthetic blood work is **strongly recommended**. Bloodwork helps our doctors to determine if the organs necessary for processing anesthesia are in good health. If your pet is **UNDER 7 YEARS**, you may choose whether or not he/she has pre-anesthetic bloodwork. If your pet is **7 YEARS OR OLDER, pre-anesthetic bloodwork is required**.

____ I choose the pre-anesthetic bloodwork and understand there is an additional charge.

____ I decline the pre-anesthetic bloodwork, my pet is under 7 years of age.

IV CATHETERIZATION AND FLUIDS

Placing an IV catheter and administering IV fluids during surgery helps to decrease surgical recovery time and allows immediate access to a vein for life-saving procedures if an emergency arises.

For this reason an IV Catheter and fluids are included with all of our dental procedures, at no additional charge.

EXTRACTIONS

In the event that we are unable to contact you at either phone number and we find that tooth/teeth extractions are necessary please indicate your wishes:

____ Please perform the necessary extractions

____ Do not perform the necessary extractions

ADDITIONAL PROCEDURES IF DESIRED (additional cost)

____ Ear cleaning ____ Microchip ____ Anal Glands ____ Sanitary Clip

MY PET HAS NOT HAD ACCESS TO FOOD WITH IN THE PAST 12 HOURS: YES ____ NO ____

Last had access to (time of day) Food _____ Water _____

Please leave a number where you can be reached today: _____ If we are unable to reach you, do you have alternate contact? Name: _____ Number: _____

I have read the foregoing and agree to all conditions mentioned above. I also state that I am the owner (or agent for the owner of) _____. I understand that full payment is due at time of pickup and if I want an estimate for the procedure I must request one prior to the procedure(s).

Signature: _____ Date: _____