

DENTAL RELEASE FORM

Owner Name _____ Pet's Name _____

Anesthetic Release

I give PARMER LANE PET HOSPITAL my permission to administer a general anesthetic to my pet. I understand the potential risks associated with general anesthesia. In the event of a complication or emergency, I give my permission to perform any necessary treatments or procedures. I understand that I am responsible for any additional charges due to unexpected complications.

Signature _____ Date _____

Phone #s where you can be reached today _____

Pre-Anesthetic Blood Work

We use only the safest anesthetics available. An examination prior to anesthesia is done at no charge. A series of blood tests is recommended to better evaluate your pet's health status. These tests help rule out pre-existing conditions that might not be evident on examination. Results are evaluated prior to proceeding with anesthesia. The cost of this service is \$68.00

____ Please complete the recommended blood work

____ I do not wish to have the recommended blood work done at this time

Intra-Operative Fluid Therapy

Intravenous catheters are placed in all patients undergoing general anesthesia to ensure the comfort and safety of your pet. Catheters are used for administration of sedatives, pain medication, and fluids necessary to stabilize blood pressure and maintain hydration.

The basic cost of the general anesthesia, anesthetic monitors, and dental cleaning for your pet is _____. The need for additional services (x-rays, gum surgery, extractions, pain injection, or pain medications, etc) cannot be fully assessed until your pet is anesthetized. Once your pet has had a thorough oral examination, we may need to call you with recommendations and cost estimates.

****If you can NOT be reached, we will perform any needed procedures to insure the health and comfort of your pet unless the additional cost exceeds:**

(circle one) \$100 \$200 \$300 \$400 \$500 (GIVE AMOUNT) \$_____

Miscellaneous Procedures

While under anesthesia is an excellent opportunity to have other procedures done at a reduced cost. Please check any additional procedures you would like to have done.

____ MICROCHIP \$51.95

____ Nail Trim \$8.00

____ Nails/Anals/Ear Clean \$22.00

____ Anal Gland Expression \$8.00

____ Ear Cleaning/Plucking \$12.00