

Madisonville Animal Hospital Dental Consent Form/Release

Client's Name _____ Contact Number _____

Pet(s) giving surgical procedure: _____ Fasted? _____

SURGICAL PROCEDURE(S) requested: _____

Up to date on VACCINES? Dogs: Distemper, Parvo, Carona, Bordetella, and Rabies _____

Cats: Distemper/ Upper Respiratory and Rabies _____

Pets need to be up to date on vaccinations in order to enter the hospital

Also, pets found to have many fleas or multiple ticks will be treated at your cost

INITIAL _____

PREANESTHETIC BLOOD TEST:

Age 1-8yrs – Mini Panel: evaluates liver, kidneys, glucose and protein PCV/TP: evaluates anemia and protein

Cost: \$38.00 ACCEPT _____ DECLINE _____ INITIAL _____

Age >8yrs - Complete Metabolic Panel: evaluates liver, kidneys, pancreas, glucose, protein, calcium, globulins and cholesterol PCV/TP: evaluates for anemia and total protein

Cost: \$48.00 ACCEPT _____ DECLINE _____ INITIAL _____

POST SURGICAL LASER TREATMENT:

Helps healing by increasing blood flow and repairing deep tissue injuries. This speeds the healing process and reduces pain and inflammation.

Cost: \$15.00 ACCEPT _____ DECLINE _____ INITIAL _____

ORA VET BARRIER SEALANT

A protective barrier sealant is applied as the last step in the dental cleaning process. It creates an invisible barrier that prevents plaque and tarter forming bacteria from attaching to your pets teeth. Take home sealant kit is applied once a week by pet owner following dental.

Cost: \$20.00 per cartridge used ACCEPT _____ DECLINE _____ INITIAL _____

At Home Kit- Cost: \$25.00 ACCEPT _____ DECLINE _____ INITIAL _____

OTHER OPTIONAL TREATMENTS:

Does your pet(s) need: NAIL TRIM _____ FILE (dogs only) _____ BATH _____

(Check desired services) EARS CLEANED _____ OTHER _____

AVID MICROCHIP PLACED: small microchip inserted under the skin that is a permanent form of identification- recognized nationally so it travels with your pet _____ INITIAL _____

Would you like PAIN MEDICATION sent home with pet(s) after surgery? Yes _____ No _____

Surgeries are performed BETWEEN 12 AND 3 PM. Please call AFTER 3PM to check the status of your pet(s).

I authorize the veterinarian to perform the procedures/treatments that I have indicated above. I understand that the doctor and staff will use all reasonable precaution against injury, escape or death of my pet(s). I understand that all anesthesia and surgical procedures involve some minimal risk to my pets(s) and I will not hold the doctor and staff responsible under any circumstances. I understand that I assume all risks. I agree to pay all fees due at the time of discharge for procedures and treatments that I have chosen for my pet(s). I have red this form and agree to its contents.

Signature of Owner/Agent