

Surgical Release Form : Dental

Date : \_\_\_\_\_

Dr : \_\_\_\_\_

Patient : \_\_\_\_\_

Owner : \_\_\_\_\_

I, the undersigned, as owner of the above stated animal do give permission to Pottsgrove Animal Hospital and its medical staff to perform the following surgical procedure upon my animal.

Surgery : Dental Cleaning +/- Extractions  
(Dental extractions are at Dr's discretion)

Would You Like Your Animal  
Micro chipped Today? Y\_\_\_ N\_\_\_  
(Includes 1<sup>st</sup> Year Registration & Activation)

We will perform bloodwork to analyze your animal's clotting ability. This is included in the cost of your surgery. If your animal is over 7 years of age, then it is highly recommended that we perform pre-operative blood work. Pre-operative blood work offers an increased range of safety to your animal during surgery and anesthesia. It provides information in regards to the metabolic health of your animal and may indicate early stage diseases that may affect the life and health of your animal and increase the risk of anesthesia for your pet.

- \_\_\_\_\_ Pre-op Blood Panel (Evaluates liver and kidney function)
- \_\_\_\_\_ CBC / Chemistry Panel (Evaluates all blood cells and metabolic functions)
- \_\_\_\_\_ I decline any blood work

We do provide pain medication as part of our normal anesthetic protocol. We also offer additional pain medication at an additional cost. Please check below if you wish additional medications to be dispensed.

\_\_\_\_\_ Yes, I want additional pain medication      \_\_\_\_\_ I decline additional pain medications

Please check below if you wish any additional procedures performed while your pet is in our care.

Nails \_\_\_\_\_ Fecal \_\_\_\_\_ FeLV/FIV \_\_\_\_\_ HWT4dX \_\_\_\_\_ Anals \_\_\_\_\_ Biopsy \_\_\_\_\_

Vaccines : \_\_\_\_\_ (Requires Physical Examination) Oravet \_\_\_\_\_

I understand that if fleas or other parasites are seen on my animal while at Pottsgrove Animal Hospital, they will be treated by Pottsgrove Animal Hospital at the time of surgery.

If any changes in protocol or additional tests or procedures are recommended by our doctors, you will be contacted for permission prior to these procedures being performed. Please leave a contact number where you can be reached today.

I understand that in doing dental procedure that there are certain inherent risks to my animal. I understand that if extractions are deemed necessary for my animal that the process of extracting teeth can lead to complications that include but are not limited to : infection, abscess, and pathologic fractures of the jaw and facial bones. I am aware of these risks and my signature below indicates that I take full responsibility for any additional costs that make be incurred due to these complications. Initials : \_\_\_\_\_

\*\* All Quotes given are estimates of cost. Final Costs may be different than estimates given.

\*\* Any coupons or certificates for surgery must be presented at time of drop off. If not presented at time of drop off, then they cannot be accepted.

Signature : \_\_\_\_\_

Contact Number : \_\_\_\_\_