



## SURGICAL RELEASE: Dental & Growth Removal

OWNER: \_\_\_\_\_

PET: \_\_\_\_\_

BREED: \_\_\_\_\_

AGE: \_\_\_\_\_

**PRE-ANESTHETIC BLOOD SCREENING:** Your pet is scheduled for a procedure that will require anesthesia. We recommend pre anesthetic blood work on all pets and require it be performed on pets over the age of 7 (seven) unless they have had a blood panel in the last six months. This blood work may help us detect an underlying problem that could lead to anesthetic complications such as liver, kidney and certain blood disorders which may not be detected without blood analysis.

(Choose one)

**Pets OVER the age of 7 (SEVEN) years:** \*GERIATRIC BLOODWORK INCLUDES A GERIATRIC EXAM\*

\_\_\_\_ (initial) My pet is over the age of 7 and does not have recent blood work on file. I understand blood work is required.

\_\_\_\_ (initial) My pet is over the age of 7 but has had a blood panel in the last 6 months and I do not wish to repeat one today.

\_\_\_\_ (initial) My pet is over the age of 7 and has had a recent blood screening but I would like it to be re-evaluated today.

**Pets UNDER the age of 7 (SEVEN) years:**

\_\_\_\_ (initial) Yes, I would like a blood screen for my pet on my pet under the age of 7 and understand there will be an additional fee.

\_\_\_\_ (initial) No, Although recommended, I chose to decline any pre-operative blood screening on my pet under the age of 7

**PRE-SURGICAL EXAM:** If your pet has not been examined by one of **OUR** Veterinarians in the last 2 years, a pre-surgical exam is **REQUIRED**. This exam is only to determine if your pet is in overall good health prior to surgery.

\_\_\_\_ (initial) I understand that a pre-surgical exam is required for my pet and I accept financial responsibility .

**RABIES VACCINATION REQUIRED :** For our staff's safety, as well as the health of your pet, proof of a current rabies vaccination is required for us to treat your pet. If you cannot provide proof of a rabies vaccination one will be given to your pet.

\_\_\_\_ (initial) I understand that a rabies vaccination is required for my pet and I accept financial responsibility .

### **PAIN MEDICATION :**

\_\_\_\_ (initial) Yes, I would like pain medication for my pet and understand there will be an additional fee.

\_\_\_\_ (initial) No, I do not want pain medication for my pet.

### **DENTAL EXTRACTIONS:**

\_\_\_\_ (initial) If during the procedure the doctor determines that one or more teeth need to be extracted, I understand and authorize this and accept financial responsibility.

**\*\*\* In the event more extensive dental treatment is recommended, additional surgery time and anesthesia may be required. We will attempt to contact you at the provided contact number. If we are unable to reach you - do you authorize us to proceed and accept financial responsibility or do you decline treatment at this time?**

\_\_\_\_ (initial) Yes, I accept financial responsibility for any additional surgical procedures.

\_\_\_\_ (initial) No, I decline any additional treatment for my pet.

### **HISTOPATH:**

\_\_\_\_ (initial) Yes, My pet is undergoing a growth removal and I would like the growth(s) to be analyzed by a pathologist

\_\_\_\_ (initial) No, My pet is undergoing a growth removal and I decline any type of pathology at this time.

\_\_\_\_ (initial) I would like a histopath **ONLY** if the surgeon deems the growth suspicious.

### **ADDITIONAL INFORMATION:**

\_\_\_\_ (initial) I understand that if fleas are found on my pet while here, I authorize treatment and accept financial responsibility. **\*REQUIRED\***

\_\_\_\_ (initial) I would like a microchip for my pet today for a discounted fee.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone : ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_