



SAHARA PINES ANIMAL HOSPITAL **DENTAL RELEASE FORM**



I hereby consent and authorize you as the doctor and staff of Sahara Pines Animal Hospital to receive, prescribe for, treat and operate upon my pet: _____

I, the owner or agent for the above pet, realize that no guarantee or warranty can professionally or ethically be made regarding results or cure. I understand that with the use of any anesthetic agent, an element of risk is involved and will NOT hold Sahara Pines Animal Hospital or its agents responsible or liable under any circumstances. I further request and authorize the doctors of Sahara Pines Animal Hospital to do what they deem advisable or necessary should any unforeseen conditions arise. Possible alternative methods of treatment, risks involved and possible complications have been fully explained and understood by me.

DENTAL PROCEDURES INCLUDE:

☐ **IV CATHETER & FLUIDS**

IV FLUIDS help support the heart and blood pressure during any anesthetic procedure. In an emergency, the **IV CATHETER** also provides rapid intravenous access to support the body with medications.

☐ **COMFORT MANAGEMENT PACKAGE**

As a smooth and comfortable recovery helps to ensure better healing, a **Pain Relief Injection** preceding the dental prophylaxis will be performed

AVAILABLE BLOOD TESTS

At Sahara Pines Animal Hospital we are constantly striving to provide your pet with the very best care utilizing the latest in medical technology. While every animal receives a full physical examination before anesthesia, there are certain conditions of the liver, kidneys and blood that cannot be detected unless BLOOD TESTING is performed. These tests are performed safely and accurately in-house before induction of anesthesia.

- 1- **Pre-operative Panel** (selected chemistries + PCV) 6 Require for any pet undergoing anesthesia.

Additional Cost: **\$52.00**

Please initial desired response: **ACCEPT** _____ **DECLINE** _____

- 2- **Full Blood Panel** (full chemistries + CBC) 6 Mandatory for any pet over 7 years.

Additional Cost: **\$92.00**

Please initial desired response: **ACCEPT** _____ **DECLINE** _____

EKG SCREENING

An EKG screening can help detect underlying HEART DISEASE that cannot be detected during a routine physical examination. Highly recommended for any pet, especially for those over 7 years of age. (May be required in certain cases where there is suspected or known cardiac disease.)

Additional Cost: **\$68.00**

Please initial desired response: **ACCEPT** _____ **DECLINE** _____

X _____ Date _____
Owner/Agent for the Owner Signature

Contact Number(s) _____

**** DENTAL RELEASE CONTINUED ON SECOND PAGE ****

ADDITIONAL RECOMMENDED OPTIONS:

FLUORIDE TREATMENT

Fluoride is important in producing HEALTHY STRONG TEETH. While most important in young growing animals, all pets can benefit from this treatment. Fluoride is available for all pets undergoing anesthesia with tarter free teeth. Strongly recommended after dental cleanings!

Additional Cost: **\$9.50**

Please initial desired response: **ACCEPT** _____ **DECLINE** _____

HOME AGAIN MICROCHIP IMPLANT & REGISTRATION

While your pet is under anesthesia a permanent microchip can be injected under the skin. If your pet should become lost or even stolen, the microchip provides a MEANS OF IDENTIFICATION and also aids in finding your animal.

Additional Cost: **\$58.00**

Please initial desired response: **ACCEPT** _____ **DECLINE** _____

RELEASE FOR EXTRACTIONS OR ADDITIONAL PROCEDURES:

Every dental prophy performed at our hospital includes an ultrasonic scaling to remove plaque and tartar and polishing to smooth and strengthen the tooth. Factors that may limit our ability to detect every dental problem your pet may have include:

- Lack of patient cooperation can impair visualization, especially of the back teeth
- Many periodontal problems can be detected only by probing under the gum with an instrument
- Dental tartar can hide underlying cavities or fractures.

If further problems are detected while your pet is under anesthesia, please select one of the following options:

[] Perform whatever procedures are needed, included extractions.

[] Please call me. I will be available at the following number _____

 If for some reason, I am unavailable when you call, please (select one):

 _____ Perform whatever procedures are needed, including extractions.

 _____ Do only what I have authorized above.

[] Do only what I have authorized above. I understand my pet may require additional procedures in the future to complete the treatment. I also understand that not extracting diseased teeth can cause future medical problems for my pet.

I hereby authorize the doctors and staff of Sahara Pines Animal Hospital to perform the dental procedures as outlined above. I assume full responsibility for the payments due when services are rendered.

Owner/Agent for Owner: _____ **Date** _____