



Dental Cleaning / Anesthesia Permission Form

*All animals must be free of external parasites. If any external parasites are found on your pet(s) they will be treated accordingly for an additional charge. Spring Meadow Vet Clinic will not be held responsible for any sickness incurred during your pet's stay; your pet **MUST** be current on all vaccines prior to surgery.



When cleaning your pet's teeth, we will provide an extensive examination of the oral cavity. At that time, we may need to perform extractions of diseased teeth. An infected, loose, tooth can be very painful to your pet. Therefore, we feel it is important to remove these teeth to help your pet feel better and remain healthy. If you have any concerns about possible tooth extractions, please feel free to consult with one of our veterinarians. We may also need to place your pet on antibiotics after the dental cleaning. These medications can reduce infection not only in the mouth, but also throughout the body. Dental infections can easily spread to some of the organs including the heart, kidneys, lungs, and liver. Antibiotics can help prevent this from occurring.

Client/Owner Name _____ **Patient's Name** _____

Phone # _____ **where we may contact you today if further information is required.**

Are any of the following additional services needed today? [] YES [] NO **(Please circle all that apply)**

Felv/FIV test (feline) Heartworm Blood Test (canine) Toe Nail Trim Ear Cleaning Other _____

Is your pet current on vaccines (including kennel cough)? [] YES [] NO* **(*If no please circle needed vaccines)**

Canine -	DHLPPC	Rabies	Bordatella	Heartworm Test
Feline -	FVRCP	Rabies	Feline Leukemia	FIV

Any additional surgical procedure(s) to be done during the dental cleaning: _____

PRE-ANESTHETIC BLOOD TEST

Procedures requiring anesthesia are always associated with a certain amount of risk, whether the patient is a person or a pet. Like you, we want to minimize that risk as much as possible. Some conditions may not, however, be evident on a physical exam. To better ensure your pet's safety during anesthesia, we recommend pre-anesthetic blood tests be performed. Most anesthetic drugs are removed from the body by the liver & kidneys; therefore, it is important that these organs are healthy. **Any pet 7 years of age or older is required to have blood work completed prior to any surgery.**

- [] My pet is **UNDER the age of 7** but I would like to minimize the risk and have the blood test performed. (\$68)
- [] My pet is **UNDER the age of 7** but I DO NOT want the pre-anesthetic testing done prior to surgery.
- [] My pet is **OVER the age of 7** and I understand that pre-anesthetic testing will be performed prior to surgery.

MICROCHIPPING

A microchip for dogs & cats gives the best protection with permanent ID that can never be removed or become impossible to read. Every month, HomeAgain reunites 10,000 pets with the people that love them. *If you desire, we can place a **Home Again microchip at a reduced cost (\$5.00 off)** while your pet is under anesthesia.*

The cost including the 1st year's registration fee would be \$45.00.

- [] **Yes, please microchip my pet today**
- [] **No thanks, I will pass on the microchip today.**

I understand that during the performance of the foregoing procedure or surgery, unforeseen conditions may be revealed that necessitate an extension of the procedure or surgery, or of different procedures or surgeries than those set forth above. Therefore, I hereby consent to and authorize the performance of procedures or surgeries, as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s) or surgery and the risks involved. I realize that results cannot be guaranteed. I am the owner or agent of the above described animal(s) and have the authority to execute this consent. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal. I also understand that these charges will be paid for at the time of release and a deposit may be required. I hereby consent and authorize the performance of the procedure(s) listed above.

Signature of Pet owner _____ Date _____