SPRING MEADOW
VETERINARY CLINIC

# 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 should be current on all vaccines including Bordetella.**

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 many organs including the heart, kidneys, lungs, and liver. Antibiotics can help prevent this from occurring.

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**Last Name** **First 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 Bordetella
Feline - FVRCP Feline Leukemia Calici VrSV Rabies FIV FIP

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

Prior to anesthesia we highly recommend a blood work-up to tell us how well your pet's organs are functioning today, and to make sure your pet is ready for anesthesia. Any animal 7 years of age or older is required to have bloodwork completed prior to any anesthetic. To help identify pre-existing problems, which may not be evident during the physical examination; *we highly recommend a pre-anesthetic blood panel* to test your pet's ability to metabolize and eliminate the anesthetic. **If your pet is under the age of 7, do you want your pet to have the pre-anesthetic blood work?**
(available at a charge of $60.00) [ ] YES [ ] NO

We also offer the Home Again Microchip Identification system. 1 in 3 pets will get lost. Without ID, 90% won't return home. If you desire, we can place the microchip at a reduced cost while your pet is under anesthesia. The cost of the microchip including the registration fee would be $50.00.
**Do you want your pet to be Microchipped?** [ ] YES [ ] NO

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 herby 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.

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Signature of Pet owner Date