

Maplebrook Pet Care Center
2811 White Bear Avenue, N
Maplewood, MN 55109
651-788-9006
Dr. Kristina Andrusko-Bipes
Dr. Amberleigh Barker

Date: _____

DENTAL RELEASE FORM

Owner: _____

Address: _____

Phone: _____

Patient's Name: _____

Breed: _____ Color: _____

Sex: _____ Age: _____

Please take time to review this form and sign the authorization.

Our greatest concern is the well-being of your pet. To minimize risks associated with anesthesia and surgery, we will perform the following procedures in addition to a thorough physical exam.

PRESURGICAL BLOOD WORK:

This allows us to detect conditions that might not be apparent on exam. A complete blood count (CBC) will check for anemia, infection and possible bleeding tendencies. A blood chemistry profile will check for liver and kidney disease and may indicate metabolic problems.

IV CATHETER AND FLUID THERAPY:

We will place an IV catheter prior to surgery and administer IV fluids while your pet is under anesthesia. This required procedure supports the cardiovascular system, maintains hydration and allows rapid administration of drugs in case of emergency.

ANTIBIOTICS AND PAIN MANAGEMENT:

Post-dental antibiotics and pain relief medications will be determined by the Doctor on an individual patient basis. This includes both in-hospital and at-home pain management.

DENTAL PROCEDURE: _____

When did your pet last eat? _____ Last drink? _____

Do you give your pet any medications/supplements? YES NO

If YES, please list _____

Preventive Full Mouth Dental Xrays are recommended at the time of your pet's dental cleaning to allow us to detect dental issues below the gum line.

Would you like full mouth dental xrays performed today?
(The cost is \$120.00) YES NO

If needed, Extractions with Pre and Post Xrays can be performed today. The cost of extractions is dependent on the level of difficulty.

Indicate your preference below (please select one)

1) Please proceed with extractions without contacting me first _____
(initial)

OR

2) Please contact me before proceeding to discuss procedures and associated costs. _____
(initial)

***However,** if you are unable to reach me, I would like you to proceed with these recommended procedures* _____
(initial)

ADDITIONAL SERVICES:

Would you like a complimentary nail trim? YES NO

We recommend permanent identification with a microchip.

Would you like a microchip implanted today?
(The cost is \$46.00) YES NO

I certify that I am the owner or that I am acting as the owner's agent for the forementioned pet and that I have the authority to execute this consent. I hereby consent and authorize Maplebrook Pet Care Center and its staff to perform the previously listed anesthetic and dental procedure.

The nature of this procedure has been described to me to my satisfaction and I understand the associated risks. While I accept that all necessary precautions will be taken, I understand that no guarantee or warranty has been made regarding the outcome of said procedure.

Furthermore, in the event of an emergency situation I authorize any necessary medication or procedure that the Doctors may deem necessary for the health, safety and well-being of my pet while under their care and supervision. In the event of any adverse outcome, I agree to release Maplebrook Pet Care Center and its staff from any responsibility and/or liability, in the absence of gross negligence.

I further agree that I am responsible for payment in full for these procedures and treatments at the time that my pet is discharged.

PRINT NAME: _____

SIGNED: _____ **DATE:** _____

If the Doctor needs to discuss further procedures while your pet is under anesthetic, we will need to be able to reach you immediately via phone.

PHONE NUMBERS: 1) _____

2) _____