<company>
<co-address>
<co-city>,<co-st> <co-zip>
<co-phone>
Dr. Kristina Andrusko-Bipes
Dr. Amberleigh Barker

<date>

DENTAL RELEASE FORM

Owner: <first-name> <last-name>
Street: <address>
City: <city>, State: <st>
Zip: <zip>
Phone: <phone>

Patient: <animal>
Breed:<breed>
Age:<age>
Sex:<sex-name>
Color:<color>

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

Our greatest concern is the well-being of <animal>. 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.

<u>DENTAL PROCEDURE:</u> _____

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

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

If YES, please list_____

_____

<u>Preventive Full Mouth Dental Xrays</u> are recommended at the time of <animal>'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, <u>Extractions with Pre and Post Xrays</u> can be performed today. The cost of extractions is dependent on the level of difficulty.

  Indicate your preference below (please initial one)
  1) Please proceed with extractions without contacting me first.   _____
                                                                    (initial)

   ☐   Unlimited amount

   ☐   A maximum of $_____

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 up to $_____.

   ☐   **However,** if you are unable to reach me, do not proceed with any
       additional procedures.

<u>ADDITIONAL SERVICES:</u>

Would you like a complimentary <u>nail trim?</u>   YES   NO

We recommend permanent identification with a microchip.

Would you like a <u>microchip</u> implanted today?
(The cost is $50.00)   YES   NO

I certify that I am the owner or that I am acting as the owner's agent for <animal> 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 <animal> 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 <animal> is discharged.

PRINT NAME:_____

SIGNED:_____DATE:_____

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

PHONE NUMBERS: 1) _____

2) _____