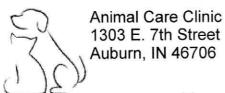
Lab Screen Dental Release



### Dental Release Form

Client: Jackie Muncy

Patient: Remington Breed: Spaniel mix Age: 5 years and 11 months old

A pet dental exam can help us understand your pet's oral health and aspects of your pet's overall health. As part of your pets dental exam and cleaning, we will chart their oral health and add that to their permanent health record.

During the exam, we may find teeth that require additional work. We will attempt to call you if unanticipated, non-emergency procedures are needed to correct your pet's dental condition.

However, when we have to call during the procedure, your pets are subjected to prolonged anesthesia and expense at a later date to complete treatment. Instead, if you would like to select one of the following options should unforeseen, non-emergency procedures become necessary.

Yes, I give my consent and extract any teeth necessa	for the doctors to use their prof ary to maintain my pet's health.	essional judgement		
Yes, I give my consent informed of the situation. If I a doctors to extract any teeth ne	for extractions <b>AFTER</b> I have been <b>NOT</b> available, then I <b>DO</b> givecessary.	een called and re my consent for the		
Yes, I give my consent for extractions <b>AFTER</b> I have been called and informed of the situation. If I am <b>NOT</b> available, then I <b>DO NOT</b> give consent for the doctors to extract any teeth. I am aware that the doctors believe teeth may need to be removed and that my pet may have to undergo additional anesthesia in the future to have these teeth removed.				
that the doctors believe teeth	nsent for the doctors to extract a may need to be removed and t esia in the future to have these t	hat my pet may have		
Print Name	Signature	Date		

Contact Number

Lab Screen - Surgery Kellase Canine



# Animal Care Clinic

David Dettmer, DVM Andrew Dircksen, DVM Kyle Yarde, DVM

Owners Name: Jackie Muncy Pet's Name: Remington

Species: Canine Breed: Spaniel mix Sex: MN Age: 5 years and 11 months old

I am the owner or agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby consent and authorize the doctors of the Animal Care Clinic, to perform the following procedures or operations:

The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. I further understand that during the course of the operation or procedure, unforeseen conditions may arise that may necessitate the performance of additional procedures. I authorize the use of appropriate anesthesia and pain medication as needed before or after the procedure.

#### **Pre-operative Bloodwork**

Your pet is scheduled for a procedure requiring general anesthesia and should
do fine. We will perform a physical exam before administering anesthesia.
We highly recommend a Pre-op blood profile be performed to insure your pet
is at low risk during anesthesia. By performing this important Pre-op blood
profile, we will be able to rule out pre-existing internal problems that may not
be evident on physical exam, but could lead to serious complications.

\$46.00	Agree to test	Decline test at this time
He	artworm Testing	
	recommend that your do esthesia. Must be atleast 1	og be tested for Heartworm Disease prior to year of age to test.
	Aures de desd	Decline test at this time
\$35.00	Agree to test	Decime test at tills tille
\$35.00 \$58.00		nd Heartworm test (SAVE 23.00)
\$58.00		nd Heartworm test (SAVE 23.00)

Lab-Screen-Surgery Helease Feline



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\$46.00	Agree to test	Decline test at this time
Fel	ine Leukemia Testin	ng
	recommend that your ca ot already current on vac	t be tested for Feline Leukemia prior to anesthesi cines.
\$39.00	Agree to test	Decline test at this time
Cell Num	ıber:	E-mail address
Phone N	umber:	Emergency Number:
Signatur	e of owner/responsit	ole agent: