

Pet Medical Center
DENTAL RELEASE FORM

Owner: _____
Patient: _____ Date of Birth: _____
Color: _____
Sex: _____ Weight: _____

I hereby authorize and direct the veterinarians of Pet Medical Center to perform the above procedure and additional diagnostic and/or treatment procedures as deemed advisable for my pet. The nature of the procedure(s) has/have been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risks involved in some of these procedures.

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. Any estimates or charges for the planned procedures are only approximations, and the final bill may be greater or less than these amounts.
All Services Must Be Paid For When My Pet Is Released.

We recommend that pre-anesthetic blood tests be performed prior to the administration of anesthesia. These tests can help us detect anemia, dehydration, diabetes, kidney disease, and liver disease. All these conditions can contribute to complications in anesthesia and surgery.

I understand and **would like my pet to have blood work** as an added measure of safety; this includes an organ profile, electrolytes and complete blood count for an **additional charge of \$85.30**.

____ Accept (initial Accept or Decline)
____ Decline

We recommend applying Sanos Sealant as a last step in the dental prophy. Sanos significantly reduces plaque and calculus by preventing bacteria from attaching to tooth surfaces. I understand and **would like my pet to have Sanos Sealant applied** as a plaque prevention system for an **additional charge of \$88.50**.

____ Accept (initial Accept or Decline)
____ Decline

I understand and **would like my pet to have a pain injection** following the dental work to maintain and ensure my pet's comfort. We can also send home pain medication if needed. **Cost is based on the animal's weight.**

____ Accept (initial Accept or Decline)
____ Decline

I understand and would like my pet to have a **DATAMARS identification microchip implanted for the additional cost of \$52.25**. The registration fee for each microchip is **FREE**.

____ Accept (initial Accept or Decline)
____ Decline

Owner's Signature: _____ Date: _____

How would you like to be contacted after your pet's surgery? (circle one) Text Message / Phone Call / E-mail

Phone number(s) where you can be reached _____
E-mail address _____

Checked in by Technician: _____