



# Dental Release Form

12226 Heywood Hill Road  
Sapulpa, Ok 74066  
918-224-1900

Patient Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Preferred contact phone number: \_\_\_\_\_

Secondary contact name, in case you cannot be reached: \_\_\_\_\_

Secondary contact phone number: \_\_\_\_\_

## **AUTHORIZATION AND RISK ASSESSMENT:**

I authorize anesthesia/surgery for my pet. I understand that there are risks involved (page 3 of this document) with any animal undergoing anesthesia and/or surgery. Risks or complications are also possible during the recovery of anesthesia and/or anesthesia. The nature and risks of this procedure have been explained to me, and I am encouraged to discuss any concerns that I may have with the veterinarian before the procedure(s) is started. My signature on this consent form indicates that my questions have been answered to my satisfaction.

I authorize Advanced Care Veterinary Hospital to perform any additional diagnostic, treatment, or surgical procedure(s) deemed necessary for medical or surgical complications or any unforeseen circumstances. While Advanced Care Veterinary Hospital provides the highest quality of anesthesia monitoring and surgical services, I understand the risks and understand that the veterinarians and hospital team will do everything possible to reduce any risks. I hereby release Advanced Care Veterinary Hospital, their agents and/or representatives from all liability for any complications that may arise.

I have been provided with an estimate and understand **that this is an estimate**, without complications. If complications arise, they will be charged out accordingly. *I understand that if my pet is found to have external parasites (fleas, ticks, etc), my pet will be treated accordingly and cost of said treatment will be charged to my account accordingly.* I understand that the balance on the account **must be paid in full before my animal is released.**

**THE BASE PRICE FOR THE PRE-ANESTHETIC BLOOD WORK, DENTAL RADIOGRAPHS, AND THE SCALING/POLISHING/FLOURIDE IS \$443.04**

**Please initial below stating you understand and agree to the above authorization and risk assessment.**

**Initials** \_\_\_\_\_

## Medical History

Has your pet eaten this morning?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
Has your pet been sick in the past 7 days (vomiting, diarrhea, lethargy)?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
If yes, please describe symptoms: _____				
Has your pet had any reactions to medications or supplements?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
If yes, what medications/reactions: _____				
Does your pet take over the counter medications?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
If yes, please list the medications: _____				
When was the last time above medications or supplements were given? Please list all medications:				
_____				

## Additional Services

Nail Trim - <i>A simple nail trim while patient is sedated.</i> (\$10)	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
Microchip - <i>Microchip placement with lifetime registration.</i> (\$55)	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
Ear Cleaning - <i>A simple ear cleaning while patient is sedated.</i> (\$22.83)	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
Anal Gland Expression - <i>Expression of glands while patient is sedated.</i> (\$24.93)	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
Canine Heartworm Test - <i>Annual testing recommended &amp; required for surgical procedures.</i> (\$38)	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
Feline Combo Test - <i>Annual testing recommended for outdoor cats, or new kittens</i> (\$67.73)	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
Intestinal Parasite Check - <i>Bi-annual fecal testing recommended</i> (\$39)	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
Cold Laser Therapy - <i>Reduces pain and inflammation, promotes healing post surgically.</i> (\$12.10)	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
ClindOral Gel - <i>Gel placed in the gums to re-grow damaged tissue and save teeth</i> (\$63.06)	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
Please list any additional services not listed you would like performed, an estimate for additional services can be provided by request:				
_____				

## Additional Authorizations

During a surgical procedure it is important that our hospital is able to reach the authorized owner or person responsible for making decisions for your pet if anything occurs that is not planned or estimated. If such situations are to occur, please select the option best suitable for you and your pet, so that anesthetic procedures can occur uninterrupted. ***If you are unable to be reached, and additional procedures are necessary, your pet may have to undergo anesthesia again at a later date, with the full price of the procedure charged to your account.*** For the health and safety of your pet we will not keep a patient under anesthesia longer than necessary.

**Please be aware during a life and death situation we will attempt to stabilize your pet before calling for authorization.**

Please choose **one option** to help us efficiently care for your pet in a timely manner.

Please perform whatever surgical procedures the Doctor deems necessary for the best possible care of my pet.

I authorize up to  \$100.00,  \$250.00,  Other \$ \_\_\_\_\_, in additional procedures, including extraction cost.

Do Not perform any additional procedures until specific authorization is given.

**Please initial below stating you understand and agree to the above information:**  
**Initials** \_\_\_\_\_

# Surgical Information Form

PLEASE READ CAREFULLY

**Anesthetic Procedures & Risks** - We use a combination of pre-anesthetic medications/injectable and/or inhalant anesthetics to achieve optimum levels of anesthesia that are safe for your pet.

**For most procedures**, your pet is anesthetized and then intubated (insertion of a tube into the trachea or wind pipe). This will ensure that your pet is able to receive oxygen at all times and prevents aspiration of any fluids into the lungs. Intubation allows us to maintain anesthesia with sevoflurane, as gas anesthetic, that is very safe and is not metabolized by the body. This allows us to have more control over anesthetic depth and it is less irritating to the airways. **For procedures that require minimum sedation**, an injectable anesthetic is given that produces a good plan of sedation with quick recovery, and is also reversible with medication. **A risk of death is possible during or after any surgical, or anesthetic procedure.**

**Monitoring & Pain Management** - Monitoring of patients during anesthesia is done in two ways. First, a veterinary technician/assistant is with your pet continuously from beginning of anesthesia until recovery. Second, we have computerized monitoring equipment that records heart rate, blood pressure, oxygen levels, respiration, ECG, and body temperature. Our hospital strongly believes in compassionate, quality, medical care for our patients. As a result, all surgery patients will receive pain management before, during, and after surgery. Additionally, pain medications may be prescribed to go home with the patient. Additional information will be given at discharge. We hope this program will reduce any discomfort experienced by the pet and aid in a quicker recovery.

**Intravenous Catheterization & Fluids** - All of our surgical patients that receive general anesthesia will have an IV catheter placed and receive IV fluids during the procedure. We recommend placement of an IV catheter for all patient undergoing sedation for short procedures. This allows us to have quick, available access to the circulatory system (blood) in case of an unforeseen emergency. This fluids help provide support to the circulatory system and prevent dehydration, as well as aid in a quicker recovery from anesthesia.

**All Dental Procedures include Dental Radiographs** - Frequently, patients presented for "routine teeth cleaning and examination" have mobile teeth. The decision to extract, perform flap surgery, or provide only medical therapy, is aided by radiographs, probing depths, and visual examination. The visual exam and probing depths are subjective and give different results based on the examiner. Radiographs document the problem in black and white. The degree of bone loss can be measured, and permanently used to document lesions.

**It is important for you to understand that there is always a risk of anesthetic and surgical complications any time these or any other procedures are performed. We strive to take the highest quality care of your pet and take all the added precautions you allow to avoid potential problems. Thank you for entrusting the care of your pet to us.**

**Please initial below stating you understand and agree to the above risk assessment, and questions regarding surgical procedures have been answered to your satisfaction.**

**Initials** \_\_\_\_\_

**I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA CONSENT FORM. I HAVE ALSO BEEN PROVIDED A COPY OF SURGICAL INFORMATION FORM (above).**

Signature of Owner/Responsible Agent: \_\_\_\_\_ Date: \_\_\_\_\_