

PARK ANIMAL HOSPITAL PROFESSIONAL TEETH CLEANING AND PROPHYLAXIS RELEASE FORM

Name of Owner or Authorized Agent: _____ Date: _____

Address:

Primary Contact Number for Today:

Additional Contact Number for Today:

Animal's Name:

Breed:

Gender:

I certify that I am the owner or authorized agent of the above animal and I do hereby consent and authorize the Park Animal Hospital and its staff to perform this procedure and any listed below on my pet. I also authorize the Park Animal Hospital to administer any additional vaccinations, medications, anesthetics, surgical procedures, tooth extractions, and/ or treatments that the doctor deems necessary for the health and safety of the above animal while it is under their care and supervision.

If through no fault of the Park Animal Hospital doctors or staff, my pet should injure itself in an escape attempt, refuse food, become ill, or pass away while being hospitalized, I will not hold the Park Animal Hospital responsible and/or liable. By signing this agreement I understand that in spite of the best efforts possible, no medical procedure is guaranteed to be successful, and I agree to pay this bill in full regardless of the outcome of the services provided for my pet. I also understand that I am responsible for payment in full of the listed procedure and/or treatment at the time the animal is discharged.

ADDITIONAL PROCEDURES: _____

While many surgical procedures seem routine, every time an animal goes under anesthetic it poses a risk, no matter the age. To minimize the risk involved we recommend several procedures. Each of these procedures is the best medicine and highly recommended by the Park Animal Hospital. While for several of these procedures you have a choice in participation, the veterinarian may require them based on age, health, or circumstance.

PRE-ANESTHETIC BLOOD PROFILE

Test is performed before any procedure needing anesthetic. Required for all procedures in which anesthesia is used. The blood profile checks liver and kidney values, those organs handle the anesthetic.

INTRAOPERATIVE IV FLUID THERAPY

Intraoperative IV Fluid Therapy is highly recommended to maintain blood pressure and help with filtering out the anesthetic. The cost is \$65.00

- YES, I authorize my pet to be placed on Intraoperative IV Fluid Therapy.
- NO, I would not like my pet to be placed on Intraoperative IV Fluid Therapy.

DENTAL X-RAYS

When teeth are discolored, broken, or have root exposure they have the potential to cause pain and can abscess. To know for sure if the tooth is healthy an x-ray of the tooth's root is needed. The initial x-ray is \$29.56 and additional x-ray's are \$13.76.

- YES, I authorize my pet to receive Dental X-Rays as needed.
- NO, I would not like my pet to receive Dental X-Rays knowing there may be future problems with the teeth.

POST-SURGICAL PAIN MEDICATION

As with any medication, the medications used for pain relief can have adverse reactions. For this reason, the prescribing of any medication is at the discretion of the attending veterinarian.

- YES, I am aware of the possibility of an adverse reaction occurring when any medication administered. With this understanding, I choose to have pain medication sent home with my pet after its surgery.
- NO, I would not like to have pain medication sent home with my pet after surgery.

WHILE YOUR ANIMAL IS SLEEPING:

For your convenience and the comfort of your animal these additional services can be done while they are anesthetized:

Ear Exam and Clean	\$35.50	Nail Trim	\$15.30
Anal Gland Expression	\$15.30	Heartworm Testing	\$43.43
Microchip Implant	\$47.30	Parasite Testing	\$37.10

Owner or Authorized Agent's signature: _____ Date: _____

Witnessed by: _____ Date: _____