

Canine Dental Release Form

"In this Grove, we Grow Compassion"



APPLE GROVE
VETERINARY CARE
Small & Large Animal Medicine and Surgery

Owner Name: _____

Address: _____

Phone(s): _____

Patient Name: _____

Date of Procedure: _____

Procedure(s) to Perform: **Dental Cleaning & Extractions (if needed)**

I hereby authorize and direct the veterinarians of Apple Grove Veterinary Care to perform the procedures 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.**

I understand that if my pet is infested with **FLEAS**, they will be treated prior to the procedure with Capstar (\$5.12-\$5.65), and I will pay for the procedure. We recommend follow-up treatment with Frontline Plus® and it will be offered at the time of discharge.

We highly recommend the Dental Vaccine to prevent the progression of Canine Periodontal Disease by protecting against an infection with harmful bacteria that may result in tooth loss. This simple vaccine in combination with regularly scheduled dental cleanings gives us the ability to maintain a healthy mouth with less odor and complications connected with periodontal disease. The initial vaccination is complimentary with today's Dental Cleaning at no additional charge and requires one booster & annual re-vaccination.

A post Dental Cleaning examination (no charge) is advised in 3 weeks to ensure your pet's mouth is healthy and administer the Dental Vaccine booster (\$19).

- Yes, I would like my dog to receive the Dental Vaccine.
- No, I would not like my dog to receive the Dental Vaccine and I understand that it is recommended in order to prevent the progression of Canine Periodontal Disease.

We also suggest **pre-anesthetic blood tests** be performed prior to the administration of anesthesia. Though your pet may appear healthy and happy, he/she may have underlying symptoms of a disease or ailment. The blood testing helps us evaluate liver & kidney function as well as detect early signs of diabetes. All these conditions can contribute to complications in anesthesia and surgery.

Pets **under 7 years**: I understand this option is an additional fee of \$34.00 and would like my dog to have blood tests as an added method of safety.

- ACCEPT
- DECLINE

Pets **over 7 years**: All animals over 7 years of age are **REQUIRED** to have these blood tests performed prior to anesthesia. I understand this is an additional fee of \$48.00.

- ACCEPT
- ALREADY DONE (within the past 2 weeks)

I would like my dog to have a **MICROCHIP** implanted while under anesthesia for an additional fee (\$32.00).

- ACCEPT
- DECLINE
- ALREADY DONE

Owner's Signature: _____ Date: _____

Phone number(s) where you can be reached _____

Office Use ONLY
Weight =
Time of Last Meal?