



DENTAL RELEASE FORM

Pet's Name _____

Owner's Name _____

Phone Number _____

Time of last meal _____

Current Medications _____

AGVC Clinic Use Only

Please circle to either accept or decline the following:

Dental cleaning under general anesthesia (\$384-\$684*)

Accept / Decline

- Pre-anesthetic Bloodwork
- Anesthesia medications
- Oral Exam, scaling and polishing of teeth
- Dental Radiographs if indicated
- Dental Extractions will be performed at the discretion of the DVM if needed.
 - Extractions may be necessary due to advanced dental disease, mobility or fractured teeth.
 - Cost of extractions vary based on tooth and the amount of teeth being extracted.
 - Pain medications and/or antibiotics, if necessary, are included in the extraction price

IV Fluid Therapy (\$70) *included in cap price above

Accept / Decline

Recommended for all patients to help maintain blood pressure and organ perfusion as well as help eliminate anesthetic medication for faster recovery. An IV catheter also allows for quick administration of emergency drugs.

Please list any additional treatments you would like done (additional cost may apply). Complimentary Nail trimming and Ear cleaning will be performed

The Apple Grove Veterinary Care team strives to provide the highest quality care and perform the authorized precautions to avoid potential risks or problems. **I understand there may be risks involved in anesthetic and surgical procedures (including death) and may require additional treatment.** We provide compassionate care by administering pain management before, during and after surgery to all patients. In addition, patients are monitored continuously from the beginning of anesthesia through recovery.

In the event of an emergency (Please check one)

- Perform CPR (Cardiopulmonary Resuscitation) an IV catheter will be placed if needed
- DNR (Do Not Resuscitate)

I hereby authorize the veterinary care team to perform procedures listed above. The procedure(s) has been explained and no guarantee has been made as to the results. I understand that if my pet has fleas he/she will be treated prior to surgery with a Capstar Pill (\$9-\$11). **I will pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances when my pet is released.** Any estimates or changes for the planned procedures are only approximations, and the final bill may be greater or less than these amounts.

Client Signature: _____

Date: _____