



## DENTAL RELEASE FORM

Pet's Name \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Time of last meal \_\_\_\_\_

Current Medications \_\_\_\_\_

AGVC Clinic Use Only

Please check to either accept or decline the following:

### Dental cleaning under general anesthesia (\$280-\$482\*)

**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
  - 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 (\$54)

**Accept**

**Decline**

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

### Complimentary Nail trimming and Ear cleaning will be performed

**Please list any additional treatments you would like done (additional cost may apply)**

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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 by a licensed veterinary technician.

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 (\$6-\$9).

**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:**