

Animal Hospital on the Ridge

Dental Procedure and Anesthetic Release Form

For _____

I authorize the following procedures in addition to the Dental Propy:

	Authorize	Decline
Preoperative Blood Panel (Required if over 6 years of age)	<input type="checkbox"/>	<input type="checkbox"/>
IV Catheterization* (Required if over 6 years of age)	<input type="checkbox"/>	<input type="checkbox"/>
Postoperative Pain Medication	<input type="checkbox"/>	<input type="checkbox"/>
Dental X-rays	<input type="checkbox"/>	<input type="checkbox"/>

Extractions will be done at the Discretion of the Dr.

***For any surgical procedure, patients over 6 years of age will be required to have a pre-operative blood panel and an IV Catheter placed to ensure easy access to the vein for any required intravenous medications or fluids**

I understand all precautions will be taken to reduce complications. However, I know anytime an anesthetic is used there is a risk of an adverse reaction and I authorize the veterinarian to take life saving measures if necessary. I understand I am responsible for any and all charges incurred in the treatment of my animal, including flea treatment if my pet has fleas. I also understand that this hospital is not staffed 24 hours a day and after hour treatment of patients is at the discretion of the veterinarian.

Has your pet had any medications today? _____ If so, what? _____

Signature _____

Date _____

Telephone Number(s) where I can be reached today: _____
