**Morgan County Animal Hospital**

**DENTAL ANESTHESIA RELEASE FORM**

Owner Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Services**: Vaccines \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worm Check \_\_\_\_\_ Heartworm Test \_\_\_\_\_ Heartworm/Flea Meds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please carefully read all information below***

**PRE‐ANESTHETIC BLOOD SCREEN**: Your pet is scheduled for a dental cleaning which will require anesthesia. The safety of anesthesia has greatly increased with new technology and anesthetic agents. However, there is always some risk with anesthesia. We will perform a complete physical examination before your pet is anesthetized. Some conditions such as liver, kidney, and certain blood disorders may not be detected without blood analysis. For these reasons, we strongly recommend a preoperative blood screening including a complete blood count be performed. This may help us detect an underlying problem that could lead to anesthetic complications. With our in‐house blood analysis capabilities, we can have the results within minutes, which enables us to evaluate potential surgical risks.

I would like to have the pre‐operative blood screen that is recommended for my pet and understand there will be an additional charge of $75. Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ Senior pre-operative blood screen $100 (7+) Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

Do we have your permission to extract teeth if the doctor feels it is necessary? ($5 minor extraction, $20 major extraction) Yes \_\_\_\_\_\_\_\_ No, call first \_\_\_\_\_\_\_\_

Would you like your pet to go home with additional pain medication? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If fleas/ticks are seen, the pet will be treated with Frontline spray for an additional charge of $10 \_\_\_\_\_\_\_ (initial)

Would you like your pet microchipped today? There will be an additional charge of $34. Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

My pet **HAS NOT** eaten for the past 8 hrs. \_\_\_\_\_\_\_\_\_\_\_ (initial)

**I understand, although all reasonable precautions and due care will be taken during treatment of my pet(s), there is always a potential risk in anesthesia surgery, up to and including death. I accept these risks and authorize Morgan County Animal Hospital to perform such treatment as deemed necessary. I also understand that during the performance of the procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedures, or even different procedure(s). I further realize that I am responsible for payment in full for the procedures and treatments performed on my pet at the time he/she is discharged.**

Best Phone Number to be Reached At Today \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner/agent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_