



Dental/Anesthesia Release

Owner first and last name:

Owner Address:

Pet's name:

Pet's age:

Male

Breed:

Color:

Female

Procedures: Anesthesia, full mouth dental x-rays, cleaning, scaling and polishing of all teeth, removal of diseased teeth, IV fluids, necessary anesthetic and pain medications

Additional treatments or concerns:

All current medications and time they were last administered:

Risks: I have been advised as to the nature of the procedure(s) and the risks involved. All reasonable precautions against injury, illness, or death of my pet will be utilized but neither this hospital nor its staff will be held liable or responsible in the absence of gross negligence. During the above procedure(s) unforeseen conditions may be revealed that necessitate an extension of, the foregoing of, or changes to those procedure(s) set forth above.

I hereby consent to and authorize this hospital to perform the above procedures as well as any procedures as deemed necessary in an emergency by the attending veterinarian for the health, safety, and well-being of my pet.

Owner Initials:

Blood Work: To help make sure your pet is healthy enough for anesthesia, we recommend blood work prior to all anesthetic procedures. While this is not a guarantee of a problem free procedure, it does tell us that the liver, kidneys and other major organs are performing as they should be. This is recommended for all patients, but required for patients over 7 years of age.

Please with full blood work for my pet (\$193.23)

Please perform Pre-anesthetic screening (\$119.78)

No, I decline blood screening at this time (not an option for patients over 7 year old)

Yes, I do want a microchip ID placed while my pet is sedated (\$65.00, includes all registrations)

No, I do NOT want a microchip placed today.



Dental/Anesthesia Release

Owner first and last name:

Pet's name:

Overnight Care: Should overnight care be needed, I realize that there are no attending personnel on premises overnight. I have been made aware of this and decline referral to an overnight emergency facility.

If I neglect to pick up my pet within 5 days of written notification, confirming my pet is ready for release, Cherokee Animal Hospital may assume that the pet is abandoned and then becomes the property of Cherokee Animal Hospital. Abandonment does not release myself of obligation of the debt incurred during my pet's stay.

Owner Initials:

Financial Agreement: I understand dental procedures are difficult to assess until the pet is under anesthesia and dental x-rays have been completed. I understand that conditions may change quickly and require adjustments to treatments and medications. Any estimate given is an approximation and is not a guarantee of final cost associated with this procedure.

I realize that results cannot be guaranteed and that my financial obligation remains regardless of the outcome. I realize I am responsible for full payment for all procedures and treatments performed for my pet at the time of discharge, without exception. There are no payment plan options.

Owner Initials:

Communication: During any period of anesthesia, we must be able to reach owners quickly for updates and approval for changes in treatment. This is especially important in all dental procedures. As the owner, I agree to be available at the provided number below. If not available, I choose one of the following options:

I authorize any necessary treatments and extractions.

If unreachable, do not perform any additional treatments beyond those previously agreed upon. I prefer to discuss further treatment after the pet is recovered from anesthesia and schedule a second procedure if necessary at a later date. (Emergency treatments will be performed regardless.)

Phone number to I can be reached at today (A cell number is preferred so we can text as well)

Text is acceptable: Yes

No

Owner Consent: I certify that I am the owner or legal authorized agent of the above mentioned pet and I hereby authorize this hospital to perform the above medical procedures required for the diagnoses and treatment of my pet, and any procedures as deemed necessary in an emergency by the attending veterinarian for the health, safety, and well-being of my pet.

Signed:

Date:

Bring with you or email to:

info@CherokeeAnimalHospital.com



Cherokee Animal Hospital