

Wedington Animal Hospital

DENTAL PROPHYLAXIS & ANESTHETIC RELEASE FORM

Your Name: _____

Pet's Name: _____ Age: _____

Procedure(s) to be performed: _____

Prior to being anesthetized, a physical exam (Approx. \$35) may be required for your pet. We also require that pets are current on their Rabies vaccination (Approx. \$11). Proof will be required upon admission. Please ask if you are unsure if this applies to your pet(s). Payment is due at the time the services are rendered. Payment for today's service(s) will be made by: Cash Check Visa MC AMEX Discover Care Credit

Did you keep your pet off food for at least 12 hours? YES NO

Is your pet on any medication(s) currently? YES NO

If yes, please explain: _____

When was flea and tick prevention last given and what type? _____

*Our kennel has a **"NO FLEAS OR TICKS"** policy. If your pet is examined and found to have fleas or ticks, he/she will be treated at an additional cost. It ranges from \$6.30 - \$21.00 per dose per pet.*

If dental extractions are necessary, do we have your permission to remove diseased teeth?

(Please ask for an estimate.) YES NO

While your pet is anesthetized, would you like us to perform any of the following procedures? Please Mark if yes:

_____ Apply enamel sealant (Oravet) to healthy teeth (\$15.00)

_____ Home Again Microchip Placement (\$67.00)

_____ Pedicure (No Charge)

_____ Other: _____

Signature: _____ Date: _____