

## Steamboat Animal Hospital Dental/Anesthesia Release Form

DATE: \_\_\_\_\_

OWNER: \_\_\_\_\_ first and last

PET: \_\_\_\_\_

Please leave **AT LEAST ONE** contact number where you will be reachable today:

	Contact Person:	Phone #			
1st _____	_____	_____	Home	Work	Cell
2nd _____	_____	_____	Home	Work	Cell

**Patient History (please circle):**

- |  |     |    |          |
|--|-----|----|----------|
| • Did your pet eat this morning?   | YES | NO | NOT SURE |
| • Is your pet taking any medications?<br>If yes please list med and when last dose given _____ | YES | NO | NOT SURE |
| • Does your pet have any known allergies?<br>If yes, please list _____                         | YES | NO | NOT SURE |
| • Does your pet have a history of seizures?  | YES | NO | NOT SURE |
| • Is your pet up-to-date on vaccines?  | YES | NO | NOT SURE |
| • Has your pet been treated for fleas?   | YES | NO | NOT SURE |
| • Has your pet been ill or injured in the last 30 days?  | YES | NO | NOT SURE |
| • Do you have any health concerns today?<br>If yes, please list _____                          | YES | NO | NOT SURE |

***\*\*If fleas are found on your pet during the complimentary exam your pet will be treated with one dose of Capstar at your expense. This will rid your pet of fleas for 24 hrs.***

**Safety and Comfort:** For the safety and comfort of our patients, and for the peace of mind of our clients, we have a minimum set of requirements before, during and after anesthesia. In addition, we offer other optional services. All the costs are fully outlined below. While we attempt to be accurate, the prices below do not include the cost of unforeseen circumstances, and all efforts will be made to contact you before this occurs.

**Included in the Dental Procedure:**

For the safety and comfort of our patients, the following items are included in the price of the procedure:

- \*a pre-surgical physical examination the day of surgery
- \*placement of an IV catheter for intravenous access for fluids and/or medications
- \*advanced monitoring of vital systems
- \*Intravenous (IV) fluids during surgery to maintain blood pressure
- \*an analgesic injection before the procedure that lessens the perception of pain post-operatively

**Pre –Surgical blood work:**

We will perform a full physical examination on your pet before administering the anesthesia. However, we highly recommend a pre-op blood profile to be performed for the purpose of ensuring that your pet has normal major organ function before anesthesia. This included indicators of anemia, dehydration, kidney function, and liver function. By performing this pre-op blood profile, we will be better able to rule out pre-existing internal problems that may not be evident physically but could lead to serious complications. ***There is an additional \$72+ for this procedure.***

Please initial: YES, I want the pre-surgical blood work \_\_\_\_\_  
 NO, I decline pre-surgical blood work \_\_\_\_\_

\*PLEASE SEE NEXT PAGE

**Dental extraction/x-rays**

Once your pet is anesthetized we will be able to perform a comprehensive oral exam and take full mouth radiographs to better evaluate dental health. This exam will allow us to determine if your pet needs dental extractions. **The cost for extractions can be \$6-142 per tooth depending on time involved/difficulty of extraction**

**Please initial:** YES, perform any necessary procedures, including x-rays and/or extractions \_\_\_\_\_  
NO, please call prior to any further procedures with an updated estimate \_\_\_\_\_

**Doxirobe**

Doxirobe is an antibiotic gel that is used in cases of pocketing between the tooth and gum, to help the tooth adhere back to the gum tissue. In some cases we are able to delay/prevent tooth extraction by using this product. **There is an additional \$108 fee for this procedure** (if not already on your estimate)

**Please initial:** YES, I would like Doxirope used if necessary \_\_\_\_\_  
NO, I decline using Doxirope at this time \_\_\_\_\_

**Elective procedures:**

The staff at Steamboat Animal Hospital would be happy to provide the following services while your pet is here today. Prices for these procedures are as listed. Please mark those services you would like performed:

- Apply flea preventative which product? \_\_\_\_\_
- Fecal Exam & Giardia (\$59.25)
- Microchip (\$88.00)
- Felv/FIV test (\$64.44)
- Vaccines (\$33.00 each) which vaccines? \_\_\_\_\_
- Nail trim **(no charge)**
- Post dental laser treatment to promote quicker healing, decrease inflammation & pain (\$33.00)

**Pain Medications:**

Steamboat Animal Hospital strongly believes in compassionate, quality medical care for our patients. As a result **ALL** surgical patients receive intra-operative pain management, and post-operative pain medications to go home if the veterinarian feels it is needed. Pre-emptive pain management helps in patient comfort, speed of healing, quickness of recovery, and appetite post-operatively, which are all better for your pet.

**Owner's Release:**

***Upon picking up my pet(s), I understand that payment is due in full. This facility accepts Cash, Checks, Debit, MC, Visa, & Care Credit.***

*I understand the noted anesthetic, surgical, diagnostic or therapeutic procedures may involve risk of complication, injury or even death, from both known and unknown causes and no warranty or guarantee has been either expressed or implied as to result or cure. Furthermore, I authorize the hospital staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. I agree to assume financial responsibility for all routine and emergency services rendered.*

*Your signature below indicates your acknowledgement that (i) you have read and agreed to the above, (ii) the procedure(s) have been explained to your satisfaction and that you have all the information you desire, (iii) you have had a chance to ask questions, and (iv) you authorize and consent to the performance of the procedure(s) and administration of anesthesia.*

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Anesthesia Consent:**

Animal Name \_\_\_\_\_ Owner \_\_\_\_\_

*I, the undersigned, do hereby certify that I am the owner or fully authorized agent for the owner of the animal described above and have the authority to execute this consent. I hereby authorize the performance of professional accepted general anesthetic procedures necessary for its treatment. I understand that support personnel will be used as deemed necessary by the veterinarian. I have been advised as to the nature of the procedures and the risks involved in performing general anesthesia to the above animal. I realize that results cannot be guaranteed. I have read and understand this authorization and consent. I further understand that I assume financial responsibility for all services rendered.*

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_