

## FELINE DENTAL RELEASE FORM

Owner's Name: \_\_\_\_\_ Cat's Name: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

Your pet is scheduled for a dentistry today. **Our doctors recommend a blood profile to ensure that your pet is in a low risk category prior to anesthesia.** This is especially important for cats over 7 years of age. Some pets may have pre-existing internal problems that produce surgical complications that may not be apparent on physical exams. These problems include anemia, abnormal clotting, and problems with the liver, kidney, or other organ conditions. Please accept or decline these services as indicated below. **Pain medication and oral antibiotics will be sent home with all dental patients at an additional charge.**

**Blood Profile #1 (Pets up to 7 years of age)**

*Checks liver, kidney enzymes, glucose level  
Plus a complete blood count*

Accept \_\_\_\_\_ Decline \_\_\_\_\_

**Blood Profile #2 (Pets 7+years of age)**

*Checks same as above, more extensive  
Includes pancreatic, electrolytes*

Accept \_\_\_\_\_ Decline \_\_\_\_\_

*All cats are required to be current on all vaccinations including Rabies, FELV/FRVCPC before any dental procedure. Our doctors recommend that all cats be tested for Feline Leukemia & AIDS .These diseases are highly contagious and can be fatal. There is also an additional charge for any cat that requires any alternate anesthetic in addition to the usual anesthetic . Fecal examination is also recommended to check for internal parasites.*

**Feline Leukemia & AIDS Test**

Accept \_\_\_\_\_

Decline \_\_\_\_\_

**Fecal Examination**

Accept \_\_\_\_\_

Decline \_\_\_\_\_

**Home Again Microchip ID**

Accept \_\_\_\_\_

Decline \_\_\_\_\_

I understand that during the course of operation, unforeseen conditions may arise that may necessitate the emergency performance of additional procedures. Any decayed teeth will be extracted at an additional cost depending on the difficulty of the extraction. Country Hills Veterinary Clinic has my permission to follow through with such procedures for the well being of my pet.

Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_