



# Dental Release Form

To help expedite our admissions process, we kindly ask that you respond to the following questionnaire:

Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Patient Name \_\_\_\_\_ Procedure being performed- \_\_\_\_\_

Date and time of last meal: \_\_\_\_\_

Current medications including dosages \_\_\_\_\_

And when they were last given: \_\_\_\_\_

Medication refills needed including name and quantity \_\_\_\_\_

Pertinent past medical history (i.e. heart murmur, diabetes, arthritis, renal failure)

## Pre-operative blood testing \$95.00:

Accept ☐ Decline ☐ Performed at pre-operative consultation ☐

## Dental Radiographs \$50.95:

Accept ☐ Decline\*\* ☐

\*\*I understand that extractions will not be performed if I decline dental radiographs

## Biopsy (if applicable) \$150-\$320, based on complexity:

Accept ☐ Decline ☐

**Preferred Pickup Time (please circle one, we will do our best to accommodate this time)** Noon-3p 3p- 6:30p

Special considerations that you would like to notify your pet's surgical team:

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Dr. Brad Kissell, VMD, Dr. Andrew Weikert, DVM, Dr. Sarah Barefoot, DVM, Dr. Sara Litzinger, DVM, Dr. Lucas Doyle, DVM, their agents, servants, and/or representatives full and complete authority to perform the surgical procedure described above and to perform any other procedure that, at their discretion, may be useful to promote the health of the above described pet, and I do hereby and by the presents forever release the said Doctor, his agents, servants, or representatives from any and all liability arising from said surgery on said animal. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type, and they have been explained to me well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian's professional judgment. I have been advised of the nature of the service and procedures, as well as the risks involved, and I also realize that results cannot be guaranteed.

Signature \_\_\_\_\_ Date: \_\_\_\_\_