

Lincoln Veterinary Clinic

275 Magnolia St S

Lincoln, Al 35096

205-763-8387

Dr. David Hillman

Dental Cleaning Release Form

Owner's Name on Account: _____

Pet's Name: _____

Contact Phone #: _____ E-mail: _____

*WE REQUIRE A RABIES AND BORDETELLA VACCINE FOR ANY PATIENT STAYING IN OUR FACILITY (if not already up to date). Rabies-\$35, Bordetella-\$19
CATS ARE ONLY REQUIRED TO BE UP TO DATE ON A RABIES VACCINE - \$35*

Pre- Anesthetic Blood Work: Circle one

- Yes, I want Blood work (\$75)
- No

In order to make the procedure as safe as possible, we strongly recommend a blood screen to ensure your pet is healthy and able to recover easily from anesthesia. The CBC evaluates the function of the liver, kidneys and checks red and white blood cell counts.

Post Surgical Laser Therapy: Circle one

- Yes, I want Laser Therapy (\$16)
- No

The latest technology that facilitates healing without the use of medication. Laser light therapy will be administered immediately after the procedure for the purpose of reducing swelling, inflammation and discomfort, help prevent infection and speed the healing process.

Cryo Tag/Growth/Mole Removal: Circle one

- Yes, (\$30) make sure to show location to an employee
- No

The removal of small skin tags, growths or moles that may bother your pet or you do not find cosmetically appealing.

Additional Services/Procedures: Circle If desired

- Pain Medication (approximately \$15)
- Microchip (\$35)
- Nail Trim under 40lbs (\$16), over 40lbs (\$19)
- Ear Cleaning (\$18.77)
- Express Anal Glands (\$16)
- Fecal Flotation- check for intestinal parasites (\$29)

Is your pet currently taking medication?

- Yes; list medication _____
Last dose given: _____
- No

Any known medical allergies?

- Yes; please list allergies _____
- No

Is your pet on Heartworm and Flea Prevention?

- Yes; List product and last date given _____
- No

Additional information we may need to know while your pet is in our care:
(anxiety, behavior/socialization issues, physical limitations, current or previous health conditions ect.)

Comments/Questions: _____

Is anyone else authorized to pick up your pet today?

- Yes; Name** _____ **Phone** _____
- No**

I understand that there are risks associated with sedation and anesthesia, if any of these unforeseen complications should arise I authorize the veterinarians of Lincoln Veterinary Clinic to perform necessary lifesaving procedures.

I certify that I am the owner or authorized agent of the owner of these listed animal(s). I accept full financial responsibility for these pets and the services they receive. I understand that any animal left 10 days or more after designated discharge date shall be considered abandoned by me and will become property of the clinic. I understand that the financial obligation will remain my responsibility no matter the outcome. Should it become necessary to collect through an attorney or outside agency, I agree to pay all costs.

Today's Contact: _____ **Phone:** _____

Owner's Signature: _____ **Date:** _____

Full payment is expected at time of pick up.