

# Chase Animal Hospital

1760 Highway 72 East      Huntsville, AL 35811  
 (ph) 256.851.7297      (f) 256.851.7298

## Dental Anesthesia Release Form

As the owner, or authorized agent for the owner, I hereby consent and authorize Chase Animal Hospital to receive, prescribe for, treat and/or operate upon: \_\_\_\_\_

**Animal's Name**

I understand that some degree of inherent risk is present in the use of drugs, anesthesia or surgery. I understand all animals must be currently immunized within the last 12 months against contagious diseases and free of external parasites. I understand any deficiencies will be brought up to date at your discretion and I am responsible for any additional charges.

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Date**

At what time did your pet last have anything to eat?

Has your pet had any health problems, recent serious illness or injury? If so, please describe:

Does your pet have any known drug allergies? If so, please list:

Please List All Current Medications Including Heartworm Prevention

Name of Medication:	Strength	Dosage	Frequency	Date and Time Last Given

**Pre-Anesthetic Blood Panel** - This requires a small blood sample that is used to test for any abnormalities in vital organ function that are undetectable with a physical examination. Should the test detect any abnormality, our veterinary staff can adjust the anesthesia accordingly. This procedure is highly recommended by our veterinarians to ensure the safest protocol for your pet.

I accept this service      **OR**       I decline this service

*Your pet will receive a thorough dental examination while under anesthesia. Once the examination is complete, the veterinarian may recommend one or more of the following services which are **not included** in a routine dental cleaning.*

**Extractions** - While our goal is to save as many teeth as possible, in some cases extractions are necessary.

An effort will be made to contact you in this situation. If recommended,

I accept this service      **OR**       I decline this service

**Prescribed Medications** - In certain conditions, a short round of antibiotics and/or pain medication is indicated. The costs of these medications vary depending on the size of your pet. If recommended,

I accept this service      **OR**       I decline this service

**Oravet Sealant** - This treatment creates an invisible barrier that helps prevent plaque and calculus buildup due to bacteria which may be associated with common oral ailments, such as bad breath.

I accept this service      **OR**       I decline this service

Would you like for us to implant a microchip?

Yes       No

Estimate requested and received?

Yes       No       Declined

Would you like to be contacted after the procedure?

Yes       No

If yes, how may we contact you? \_\_\_\_\_