

Lindner Animal Hospital

Dental Release Form

Pet's Name _____

Owner's Name _____

Phone Number Where You Can Be Reached Today _____

Your pet is scheduled for routine dental scaling/polishing and, by signing below, you acknowledge consent for the necessary procedures to be performed.

The Procedure Scheduled for Today Includes:

1. Dental Scaling/Polishing
2. Isoflurane Gas Anesthesia
3. Antibiotic Injection
4. Oral antibiotics to take home*

*Oral antibiotics are included for routine cleaning.

An additional charge will apply for stronger antibiotics in extreme cases.

Additional Options:

Please indicate your preferences by initialing

____ 1. **Heartworm Occult/Ehrlichia/Lymes/Anaplasma Test:** This is mandatory for any patient without a negative heartworm test in the past 12 months. The additional cost is \$36.00.

____ 2. **Pre-Anesthetic Profile:** We recommend a blood profile to ensure that your pet is in a low-risk category. The liver and kidneys are responsible for metabolizing anesthetics and our in-house lab allows us to run accurate tests to make sure these organs are functioning properly before the surgery. This is mandatory for any patient 8 years or older. The additional cost is \$120.00.

____ 3. **Pain Relievers:** We recommend pain relievers after the scaling. This is mandatory for any patient having extractions. The additional cost is \$32.00.

____ 4. **Update Vaccinations:** State law *requires* that **RABIES** vaccinations be up to date, if not, this vaccine is mandatory. We strongly recommend DHLPP, Bordetella, and Canine Influenza vaccinations for dogs and FVRCP-L vaccination for cats. If you have any questions regarding what they cover, please ask.

____ 5. **FELV/FIV Test:** (*CATS ONLY*) This blood test is for feline leukemia and feline immunodeficiency virus. We recommend this test for any cat undergoing surgery. The additional cost is \$48.00.

____ 6. **Microchip:** Protect your pet with permanent identification. This is done intramuscular. We recommend doing this procedure under sedation. The additional cost is \$52.00.

Signature : _____ **Date:** _____