

<date>

Dental Release Form

I hereby consent and authorize you, Doctor Wolfe, to receive, prescribe for, treat, perform dental work upon <animal>. I understand that radiographs and extractions to teeth may be necessary and that additional costs would apply. You are to use all reasonable precautions against injury, escape, or destruction of the animal(s), but you will not be held liable or responsible in any manner whatever, or any circumstances, on account of the care, treatment, or safekeeping or the animal(s) above described, or otherwise in connection therewith, as it is thoroughly understood that I assume all risks.

If during treatment or surgery it appears that the final fee will exceed 20% above the maximum of the range quoted in this treatment plan, I will be contacted by telephone to verify that I want to proceed with further treatment or surgery. In the event that I can't be reached immediately at the number(s) provided below, treatment and/or surgery will proceed until I can be contacted. I will be responsible for any additional fees that may be charged as a result.

If I don't pick up my pet, written notice will be mailed to the address below to remove the animal(s). Five days after such written notice, the animal(s) will be considered abandoned and may be disposed of, or destroyed, as you deem best, and it is understood that your so doing does not relieve me from paying all costs of your service and the use of your clinic, including the cost of keeping.

No one can guarantee the success of the recommended treatment, or that your pet will not experience a complication or less than optimal result. Even though many of these complications are rare, they can and do occur occasionally.

Some of the more commonly known risks and complications of treatment include, but are not limited to, the following:

- 1) Pain, swelling and discomfort after treatment;
- 2) Infection in need of medication, follow-up procedures of other treatment;
- 3) Temporary, or, on rare occasion, permanent numbness, pain, tingling or altered sensation of the lip, face, chin, gums and tongue along with possible loss of taste;
- 4) Damage to adjacent teeth or gums;
- 5) Possible deterioration of condition, which may result in tooth loss.
- 6) Possible injury to the jaw joint and related structures requiring follow-up care and treatment, or consultation by a specialist;
- 7) A root tip, bone fragment or a piece of dental instrument may be left in your pet's body;
- 8) Jaw fracture;
- 9) Sinus infection or opening between the mouth and sinus cavity resulting in infection or the need for further treatment;
- 10) Allergic reaction to anesthetic or medication;
- 11) Need for follow-up care and treatment, including surgery.

It is very important to follow Dr. Wolfe's recommendations and to report any problems to Dr. Wolfe so they can be addressed. I have read the foregoing and understand and accept each paragraph stated above. Please discuss the potential benefits and risks of recommended treatment with Dr. Wolfe. Be certain all of your concerns have been addressed to your satisfaction before leaving your pet for treatment.

Phone number where I can be reached today X_____. If I cannot be reached, for any reason, I give Dr. Gail Wolfe permission to perform any medically appropriate procedure necessary and agree to be billed for it.

I certify that <animal> has not eaten for the last 12 hours. X_____

I would like <animal> to receive a pain injection to prevent pain after extraction(s) if they are needed. ___Yes ___No

I would like <animal> to receive full mouth dental radiographs. ___Yes ___No

(If no, individual radiographs may be taken if deemed medically necessary.)

I would like to have <animal>'s nails trimmed during the dental. ___Yes ___No

I would like <animal> to be checked for intestinal parasites if a sample is obtained. ___Yes ___No

OWNER X_____

Gail S. Wolfe, D.V.M.
Bennett Road Animal Clinic, Inc.
2298 Bennett Rd.
Okemos, MI 48864

Pre-Anesthetic Testing Consent

Your pet is scheduled for a procedure that requires anesthesia. We would like to take this opportunity to recommend pre-anesthetic testing and explain why it is important to the health of your pet.

Like you, our greatest concern is the well-being of your pet. The tests we recommend are similar to and equally as important as those your own physician would run if you were to undergo anesthesia.

It is important to understand that a pre-anesthetic profile does not guarantee the absence of anesthetic complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future.

The combination of blood tests we recommend for the apparently healthy younger pet is listed below.

- BUN, Creatinine, ALKP, ALT, Glucose, Total Protein
(kidneys, liver diabetes/sugar, hydration)
- CBC *(anemia, infection, clotting)*
- Electrolytes *(dehydration)*

\$ _____

The combination of blood tests we recommend for the older pet is listed below.

- BUN, Creatinine, ALK, ALT, Glucose, Total Protein, Albumin, Total Bilirubin, Phosphorus, Amylase, Cholesterol, Calcium
(kidneys, liver diabetes/sugar, hydration, protein, pancreas, tumors)
- CBC *(anemia, infection, clotting)*
- Electrolytes *(dehydration)*

- Urinalysis *(kidney, diabetes)*
- Thyroid hormone *(overactive or underactive)* if symptomatic

\$ _____

\$ _____



- ✓ I would like to discuss pre-anesthetic testing with a veterinarian prior to making a decision.
- ✓ Please complete the recommended testing prior to administering anesthesia to my pet.
If abnormalities are found, contact me at the phone number below:

SIGNATURE OF OWNER _____ PHONE NUMBER _____

- ✓ I decline the recommended pre-anesthetic tests at this time and request you proceed with anesthesia. I understand that a medical condition may exist. I understand that my pet's health could be at risk if such a condition goes undetected when my pet is placed under anesthesia.

SIGNATURE OF OWNER _____