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Maplebrook Pet Care Center
2811 White Bear Avenue Maplewood, MN 55109
(651) 788-9006
Dr. Kristina Andrusko-Bipes
Dr. Amberleigh Barker
Dr. Sarita Patel
Dr. AJ Alexander
Dr. Alyssa Ziche

DENTAL RELEASE FORM

Owner Name:	Patient Name:
Street Address:	Breed:
City, State:	Age:
Zip:	Sex:
Phone:	Color:

Please take time to review this form and sign the authorization.

Our greatest concern is the well-being of your pet. To minimize risks associated with anesthesia and surgery, we will perform the following procedures in addition to a thorough physical exam.

PRESURGICAL BLOOD WORK:

This allows us to detect conditions that might not be apparent on exam. A complete blood count (CBC) will check for anemia, infection, and possible bleeding tendencies. A blood chemistry profile will check for liver and kidney disease and may indicate metabolic problems.

IV CATHETER AND FLUID THERAPY:

We will place an IV catheter prior to surgery and administer IV fluids while your pet is under anesthesia. This required procedure supports the cardiovascular system, maintains hydration, and allows rapid administration of drugs in case of emergency.

ANTIBIOTICS AND PAIN MANAGEMENT:

Post-dental antibiotics and pain relief medications will be determined by the Doctor on an individual patient basis. This includes both in-hospital and at-home pain management.

DENTAL PROCEDURE:

When did your pet last eat? _____

Current Diet (Brand / Variety / Amount / Frequency):

Medications/Supplements: (Please list all medications and supplements, strength, how much is given, how it is given, how often, last dose, etc...)

Name of Medication	Strength / Form	Amount & Frequency Given	Last Dose
EX) MEDICATION	25mg Tablets	1 tab by mouth every 12 hours	This morning 7 am

Preventive Full Mouth Dental Xrays are appropriate standard of care for all patients because they allow us to fully assess the mouth and teeth and detect problems that may be below the gumline. These full mouth radiographs are part of a routine dental procedure and are included in the cost estimate provided.

If needed, Extractions may be performed today. The cost of extractions is dependent on the level of difficulty. In some cases, the DVM will provide an estimate for known extractions prior to the dental procedure but it is often not possible to fully assess the mouth prior to sedation and sometimes dental issues are not visible until we take radiographs (x-rays).

Indicate your preference below (please initial one)

1) Please proceed with extractions without contacting me first. _____
(initial)

☐ Unlimited amount

☐ A maximum of \$_____.

OR

2) Please contact me before proceeding to discuss procedures _____
and associated costs. (initial)

☐ **However**, if you are unable to reach me, I would like you to proceed with these recommended procedures up to \$_____.

☐ **However**, if you are unable to reach me, do not proceed with any additional procedures.

ADDITIONAL SERVICES:

Would you like a complimentary nail trim? YES NO

We recommend permanent identification in the form of a microchip implanted under the skin to help locate you, the owner, in the event that your cat or dog is lost. Would you like a microchip placed today?

(The cost is an additional \$69.00): YES NO

ADDITIONAL CONCERNS:

Do you have any concerns about your pet today? If yes, please describe in detail.

I certify that I am the owner or that I am acting as the owner's agent for this animal and that I have the authority to execute this consent. I hereby consent and authorize Maplebrook Pet Care Center and its staff to perform the previously listed anesthetic and dental procedure.

The nature of this procedure has been described to me to my satisfaction and I understand the associated risks. While I accept that all necessary precautions will be taken, I understand that no guarantee or warranty has been made regarding the outcome of said procedure.

Furthermore, in the event of an emergency, I authorize any necessary medication or procedure that the Doctors may deem necessary for the health, safety and well-being of my pet while under their care and supervision. In the event of any adverse outcome, I agree to release Maplebrook Pet Care Center and its staff from any responsibility and/or liability, in the absence of gross negligence.

I further agree that I am responsible for payment in full for these procedures and treatments at the time that my pet is discharged.

PRINT NAME: _____

SIGNED: _____

DATE: _____

If the Doctor needs to discuss further procedures while your pet is under anesthetic, we will need to be able to reach you immediately via phone.

TODAY'S PHONE NUMBERS: 1) _____

2) _____