

Dental Cleaning & Polishing Release Form

Pet's Name _____ Did you keep your pet off food for at least 12 hours? _____

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Bradley J. Lyon, DVM, his agents, servants, and/or representatives full and complete authority to perform a dental cleaning & polishing on the above said animal.

- **ALL NEW PATIENTS WILL HAVE A BRIEF EXAM PRIOR TO ANESTHESIA (\$25.00)**

Optional Procedures:

Please note: Pre-Anesthetic Blood Profiles help alert our surgeon to the presence of possible abnormalities that could complicate the procedure. These allow us to choose the most appropriate anesthetic plan for your pet.

- Pre-Anesthetic Blood Chemistry-10 Idexx Profile (\$50.00) Yes No

This pre-anesthetic chemistry alerts our surgeon to the presence of possible kidney or liver issues, diabetes, and protein deficiencies that could complicate the procedure.

- Intravenous Catheterization & Fluids (\$30.00) Yes No

We recommend the placement of an IV catheter and use of IV fluids during all anesthetic procedures. This allows us to have quick, available access to the circulatory system (blood) in case of an unforeseen emergency. The fluids help provide support to the circulatory system and prevent dehydration.

- Flouride Foam Treatment (\$5.00) Yes No
- Oravet Sealant Application (\$20.00) Yes No
Oravet Sealant provides a barrier to plaque and tartar for 45 days.
- Remove Diseased Teeth Yes No

Deciduous or Minor Tooth (\$5.00)

Carnasal Tooth (\$40.00)

Canine (K9) Tooth (\$50.00)

*Please note that removal of diseased teeth is charged per tooth removed.

I understand that my pet will be anesthetized and then intubated (insertion of a tube into the trachea or wind pipe). I understand that there is always a risk of anesthetic complications anytime these procedures are performed. I do hereby forever release the said Doctor, his agents, servants, or representatives from any and all liability arising from said procedure(s) on said animal.

Print Name _____ Signature _____

Contact Number(s) _____ Date _____