

MINNESOTA VALLEY PET HOSPITAL
1541 Adams St.
MANKATO, MN 56001
Phone: 507-345-5900 Fax: 507-345-6898

DENTAL CLEANING RELEASE

Client Name _____ Patient Name _____

DOB _____ Kg/Feline Breed _____ M M/N F F/S

The **Diagnostic Dental Cleaning** Procedure includes:

- ✓ Anesthesia as directed by your pet's doctor and anesthetic monitoring (by technician & equipment)
- ✓ Dental cleaning by a Veterinary Technician and oral examination by the Doctor
- ✓ I.V. catheter, pre-anesthetic blood test (unless this test has been done in the previous 30 days) antibiotic injection and nail trim

1. I understand that other than the oral examination and extraction(s), our Veterinary Technician will perform the dental cleaning procedure. _____(Initial)
2. Do you authorize any extraction(s) as recommended by the doctor?
(please circle) Yes, I authorize No, call me first _____(Initial)
3. If "no" and we cannot reach you, do you want us to continue with extractions?
(please circle) Yes, I authorize No _____(Initial)
4. I understand that additional antibiotics and pain medications are not included in this price and may be required for my pet's health. (\$25-\$50). _____(Initial)
5. I hereby authorize the Minnesota Valley Pet Hospital to perform these diagnostic, anesthetic, surgical and therapeutic procedures as recommended in the best interest of my pet by the clinical staff. I understand all reasonable precautions will be taken to assure the safety and well being of my pet while in the hospital. I also understand the potential complications associated with anesthesia and the above listed procedure(s). I understand I am financially responsible for the procedure, regardless of the outcome. The payment is due on the date the pet is discharged from the hospital. _____(Initial)
6. You will be called when your pet is recovered from anesthesia. In the best interest of your pet he/she will only be discharged from the hospital when fully conscious and able to walk. Typically most pets are discharged after 3:30 in the afternoon. You will be asked to set up a discharge appointment. _____(Initial)

Signature _____

Date _____

Admit Staff Initials _____

Contact Information:

Telephone # (1st) _____ Telephone # (2nd) _____

MICROCHIP

Microchips are a great way to keep your cat or dog safe. We provide high-quality microchips that are implanted beneath the skin, and when registered with a national database, they can be scanned to rapidly identify a pet if he or she becomes lost. We can easily place a microchip during your pet's dental to minimize discomfort. Microchip cost and registration is \$53.00.

Yes, I authorize No _____(Initial)