

# Feline Dental Release Form

"In this Grove, we Grow Compassion"



**APPLE GROVE**  
**VETERINARY CARE**  
*Small & Large Animal Medicine and Surgery*

Owner Name:

Address:

Phone(s):

Patient Name:

Date of Procedure:

Procedure(s) to Perform: **Dental Cleaning under general anesthesia**

All dental cleanings include preanesthetic bloodwork, anesthesia, oral exam, scaling, polishing, anesthetic monitoring, nail trim, ear cleaning and samples of dental food and rawhide. If bloodwork has been performed in the last 2 months, the price will be discounted \$30.

I hereby authorize and direct the veterinarians of Apple Grove Veterinary Care to perform the procedures and additional diagnostic and/or treatment procedures as deemed advisable for my pet. The nature of the procedure(s) has/have been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risks involved in some of these procedures.

**I hereby authorize Apple Grove Veterinary Care to perform any dental extractions that are deemed necessary by the licensed veterinary technician and doctor.** Dental extractions may be necessary due to advanced dental disease or mobility. All extractions are done with local anesthesia and nerve blocks to minimize pain. I understand there is an additional charge for this procedure (\$5-\$100). Extractions may necessitate the need for antibiotics and/or anti-inflammatory medications at an additional fee (\$9-\$30).

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. Any estimates or charges for the planned procedures are only approximations, and the final bill may be greater or less than these amounts. **ALL SERVICES MUST BE PAID FOR WHEN MY PET IS RELEASED.**

I understand that if my pet is infested with **FLEAS**, they will be treated prior to the procedure with Capstar (\$5-7), and I will pay for the procedure. We recommend follow-up treatment with Frontline Plus® and it will be offered at the time of discharge.

**OPTIONAL: Microchip Implantation & Enrollment**

I would like my cat to have a **MICROCHIP** implanted while under anesthesia for an additional fee (\$42.00).

ACCEPT

DECLINE

ALREADY DONE

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number(s) where you can be reached \_\_\_\_\_

E-mail address \_\_\_\_\_

*Office Use ONLY*

*Weight =*

*Time of Last Meal?*