



POQUOSON VETERINARY HOSPITAL

483 Wythe Creek Road
Poquoson, Va. 23662
(757) 868-8532

Dr. Jean B. Eddy ♦ Dr. Russell K. Bailey
Dr. Brittany B. Ashworth

DENTAL RELEASE FORM

Owner _____ Pet's Name _____ Date _____

As the owner or agent of the above animal, I hereby give my consent to Poquoson Veterinary Hospital to perform the following procedure _____

PREANESTHETIC BLOOD TESTING

Like you, our greatest concern is the well being of your pet. Before putting your pet under anesthesia, we will perform a full physical examination. In addition to the exam, a blood analysis can reveal underlying problems that may not be outwardly visible. Blood chemistry tests give us an inside look at your pet's vital organs and let us know if they are functioning normally. Bloodwork can play a critical role in determining how much risk is involved. Before administering any kind of anesthetic, the doctor will evaluate the test results.

INTRAVENOUS CATHETER (IV)

Placing an IV catheter into the patient's leg reduces risk while under anesthesia by allowing us direct access to the circulatory system if needed. This is important because it can be difficult to gain access to a vein in an emergency situation. A catheter must be placed in order to administer intravenous fluids, as described below.

INTRAVENOUS FLUIDS

Fluids help to keep your pet hydrated as well as keeping their blood pressure stable while under anesthesia.

TEETH EXTRACTION

After careful cleaning and polishing of your pet's teeth, our licensed technician will assess the teeth and gums and alert the veterinarian with any concerns. The veterinarian will determine if the teeth are healthy or unhealthy. Some reasons a veterinarian may determine a tooth to be unhealthy would be if the tooth is fractured or loose, or in the case of severe gum disease with root exposure. Teeth that are deemed unhealthy are painful, can lead to infections and damage healthy neighboring teeth. We remove the unhealthy teeth to avoid future medical complications. Once an unhealthy tooth is removed, a local block and pain medication will be provided.

PAIN MANAGEMENT

Surgical analgesics (painkillers) provide comfort, reduce stress and allow for a smooth recovery from surgery. When necessary, we will provide this for your pet. A pain injection will be administered to your pet, unless a pain patch is selected.

PAIN CONTROL INJECTIONS: 6-24 HOURS PAIN CONTROL FOR CATS AND DOGS

TRANSDERMAL DURAGESIC PATCH: 72-96 HOURS PAIN CONTROL FOR DOGS AND CATS (should be applied 12 hours prior to procedure by veterinary staff only)

MICROCHIP IMPLANTATION

Microchipping is a safe, permanent way to identify your pet. A tiny computer chip about the size of a grain of rice is injected by a veterinarian or licensed technician, just under the pet's skin. Animal hospitals, shelters and humane societies across the country use microchip scanners to detect the ID number contained on the chip. The database then matches that ID number to your name and the emergency contact numbers that you provide to the registry. Manufacturers of the microchips provide the scanners to hospitals and shelters across the U.S. and Canada.

Please indicate your choices:

A licensed technician closely monitors each patient that undergoes any anesthetic procedure. In addition, the hospital is also equipped with medical devices that monitor your pet's heart rate, ECG, respiratory rate, blood oxygen level, and temperature while under anesthesia.

PREANESTHETIC BLOODWORK (CHOOSE ONE OPTION)

_____ I AUTHORIZE - THE DOCTOR RECOMMENDED BLOODWORK

_____ I DECLINE - THE DOCTOR RECOMMENDED BLOODWORK

_____ **BLOODWORK ALREADY DONE**

INTRAVENOUS CATHETER (IV)

_____ I AUTHORIZE

_____ I DECLINE

INTRAVENOUS FLUIDS

_____ I AUTHORIZE

_____ I DECLINE

EXTRACTIONS AND OTHER PERIODONTAL PROCEDURES

I understand that teeth may be extracted or other periodontal procedures may be performed if deemed medically necessary by the veterinarian.

_____ INITIALS

PAIN MANAGEMENT if NEEDED for an extraction (**CHOOSE ONE OPTION**)

_____ I AUTHORIZE **INJECTION** (Provides up to 6-12 hours pain control for cats and up to 24 hours of pain control for dogs.)

_____ I AUTHORIZE **PAIN PATCH** (Provides 72-96 hours of pain control)

MICROCHIP _____ I AUTHORIZE _____ I DECLINE

I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure set above. I expect Poquoson Veterinary Hospital to use reasonable care and judgment in performing the procedure. The nature of the procedures and risks involved have been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure will not relieve me from any reasonable costs incurred regarding this animal.

Signature of owner/agent _____

Today's phone number (contact 1) _____

(contact 2) _____

All animals admitted must be current on their vaccinations and must be free of external parasites. Dogs must also have a current negative internal parasite exam. Any animal found to have fleas or ticks would be treated at its owner's expense.