

**Heritage Animal Hospital
DENTISTRY RELEASE FORM**

OWNER'S NAME(s) _____ **Pet's Name(s):** _____

Emergency Phone #'s for us to use Between 8am & 6pm: _____, _____

_____, _____, _____ **Call** ☐ **Text** ☐

*****Procedure(s):** _____

PLEASE (INITIAL) YOUR SELECTIONS BELOW.

PRE-ANESTHETIC BLOOD SCREEN(\$51) (_____) ----- (\$51.00)

A pre-anesthetic blood screen helps detect anemia, diabetes, kidney disease, liver disease, and other conditions that enable us to detect any underlying health problems and determine your pet's risk for anesthetic procedures. This is recommended for all animals and **is mandatory for animals seven years of age and older.**

PAIN MEDICATION: WILL BE ADMINISTERED TO ALL PATIENTS THAT REQUIRE EXTRACTIONS-----(\$33.00)

DENTISTRY PRICING

Ultrasonic Scaling and Polishing of teeth for Dogs (\$175) or cats (\$155) (_____) -----(\$175 or \$155)

Extractions will be performed on your pet if the veterinarian feels they are medically necessary----- (Average extraction fee is \$12 per tooth but for major extractions, price ranges up to \$175)

ADDITIONAL SERVICES

Microchip Implant-with Lifetime Registration (\$36.00) (_____) ----- (\$36.00)

Nail Trim (\$7.00) (_____) ----- (\$7.00)

Anal Sac Expression (\$27.00) (_____) ----- (\$27.00)

Ear Cleaning (\$20-\$60)(_____) ----- (\$20-60)

Recommended Vaccines:

Cat: FVRCP/FELV yearly (\$48) (_____) ----- (\$48.00)

Dog: DA2PPL (\$40) (_____) ----- (\$40.00)

Dog: Bordatella (\$20) (_____) ----- (\$20.00)

Cat or Dog Rabies (\$20) (_____) ----- (\$20.00)

PRICE ESTIMATE (May Vary by 10%) ----- \$ _____

If Estimate Does not include tooth extractions, initial here _____

I am the owner or agent for this animal and have full authority to execute this agreement. I authorize Heritage Animal Hospital, its veterinarians and employees under their supervision, to perform the procedures outlined above. I understand that there are certain risks involved with any sedation/anesthesia or surgical procedure that can ultimately lead to the loss of my pet's life. Because of the nature of medicine, we are unable to guarantee a favorable outcome. I agree to hold Heritage Animal Hospital, its veterinarians and employees harmless from and against any and all liability arising out of the performance of any procedures referred to above, and any procedures that are deemed to be necessary to provide adequate care of the above named animal(s).

OWNER'S OR AGENT'S SIGNATURE: _____ **Date:** _____

Heritage Animal Hospital Witness _____