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## DENTAL/TREATMENT RELEASE FORM

OWNER \_\_\_\_\_ PET'S NAME \_\_\_\_\_

PROCEDURE \_\_\_\_\_ Preferred pick up time \_\_\_\_\_

NUMBER WHERE I CAN BE REACHED TODAY \_\_\_\_\_

**Clinic Policy:** If your pet is unvaccinated or overdue, we will immunize or reschedule the appointment to prevent intra-hospital infections. If fleas or flea droppings are found on your pet, we will treat with an appropriate flea medication. If your pet cannot receive vaccinations for health reasons, your pet will be housed in our isolation ward for their protection and the protection of the other pets in the hospital. **There will be a charge for any pet housed in isolation.**

**IV fluids:** These intravenous fluids help ensure safe anesthesia and help patients have better post-operative recovery. All pets undergoing anesthesia will have an IV catheter placed and fluids administered during the procedure.

**Pre-surgical/anesthesia blood screen:** This profile will help the veterinarian to better assess the condition of your pet's internal organ systems and may identify pre-existing conditions not evident upon the pre-anesthesia examination. It is recommended for all pets undergoing anesthesia, and very strongly recommended for those over 5 years of age.

\_\_\_\_\_ **Yes.** I would like a pre-anesthetic blood screen run on my pet. \$71.25-\$193.75

\_\_\_\_\_ **No.** I decline pre-anesthetic blood screening for my pet.

\_\_\_\_\_ My pet has had blood work with in the past 30 days.

**Tooth Extractions:** We try to preserve teeth whenever possible, however extractions are necessary for diseased, broken or unsalvageable teeth. Removal provides relief of pain for your pet and prevents further periodontal disease. Antibiotics, materials and additional anesthesia may also be required for extractions.

**Please indicate one of the following:**

\_\_\_\_\_ Please attempt to contact me with an estimate before proceeding with extractions. Cost Varies

However, if you are unable to contact me, proceed with extractions as necessary.

\_\_\_\_\_ Proceed with specific extractions as indicated on the estimate. Attempt to call me for additional dental work (extractions, sealants, ect.)

\_\_\_\_\_ Do not extract any teeth unless you are able to contact me. Should your pet need extractions that we were not able to perform, they will have to return at a different date to complete the work needed.

**Laser Therapy:** Laser therapy helps relieve pain, decrease inflammation and speed healing of the surgery site after dental extractions. Treatment is given after surgery, before discharge.

\_\_\_\_\_ **Yes.** \_\_\_\_\_ **No.** \$19.50

**Additional Services we recommend while your pet is anesthetized:**

**Nail Trim** \$9.50

\_\_\_\_\_ **Yes.** \_\_\_\_\_ **No.**

**Permanent Identification Microchip:** A microchip implanted under your pet's skin carries a unique number which can be read with a scanner. This number can be traced back to you so your pet can be returned should it become lost. We recommend Lifelong Microchip Number Registration with the AKC.

\_\_\_\_\_ My pet already has a microchip.

\_\_\_\_\_ **Yes.** I would like to have a microchip permanent identification placed in my pet. \$54.50

\_\_\_\_\_ **No.** I decline microchip identification.

Overnight care at SFPC is unsupervised at times outside of normal business hours. For safety reasons, no continuous IV fluids are given during hours where there is no direct supervision.

I certify that I own the above animal, or am responsible for it, and I hereby consent and authorize the Sherwood Family Pet Clinic veterinarians and staff to medicate, treat, and hospitalize my animal. I have been advised as to the nature of the procedures or operations and the risks involved and have had the opportunity to have any questions answered. I acknowledge that no assurance or guarantee has been made except reasonable precautions against injury or escape, and that risks and probabilities of complications exist in any surgery, anesthesia, or medical treatment. I certify that I am the responsible party for the above animal and assume all financial responsibility. **PAYMENT IN FULL IS DUE AT THE TIME OF PATIENT DISCHARGE.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_