

Stillwater Veterinary Clinic

2020 Curve Crest Blvd. W.

Stillwater, MN 55082

Ph (651) 439-3200

Dental Cleaning Consent Form

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 and recommend a blood chemistry analysis. Blood chemistry testing informs us if your pet's vital organs are functioning normally. Such tests are especially important before any kind of anesthesia or surgery.

Our laboratory is fully equipped and staffed to perform these important tests. Results will be available immediately to review before anesthesia. If there are any significant abnormalities we will contact you before proceeding.

Our hospital policy requires that any animal 7 years or older must have a 17 Blood Chemistry panel performed within 6 months prior to any general anesthesia.

Please indicate your choice below:

___ **\$64.00 10 Chemistry Panel:** Tests for liver and kidney disease, diabetes.
Recommended for ages up to 5 years

___ **\$88.00 17 Chemistry Panel:** Tests for all of the above with additional kidney and liver screening, as well as, pancreatic disease.
Recommended for all ages. *Required for ages 7 years and older.*

___ **\$65.00 IV Catheter and IV Fluid Administration:** Fluids counteract the decreased blood pressure resultant from anesthesia, blood loss and stress from surgery and keep the animal hydrated.
Recommended for all ages.

___ **\$75.00 Optional Full Mouth Dental Radiographs**

___ I wish to be called before any extractions are done. If I am not available, I authorize the veterinarian to do what he/she thinks is best. I understand that there will be additional charges incurred for additional work done.
(Charges vary based on the number of extractions and the difficulty of the extraction. Often dental radiographs are done prior to extractions)

___ I authorize the veterinarian to do tooth extractions as needed for the health of my pet. I understand additional charges will be incurred.

Date: _____

Telephone Number/s: _____

Signature (Owner/Agent): _____

___ Declined Blood Chemistry

___ Declined IV Catheter and Fluids