



All Cats Clinic

3100 No. College Ave., Fayetteville, AR 72703
Phone: 479-571-1CAT (1228), Fax: 479-251-8636, www.allcatsclinicfayar.com

DENTAL/ORAL SURGERY RELEASE FORM

Cat's Name: _____ Age: _____

Today, your cat will be anesthetized (general anesthesia) and have his/her teeth scaled and polished with the most up-to-date veterinary dental equipment. Full mouth dental radiographs will be performed to assess any dental disease under the gum line.

Did you keep your cat off food and water for at least 12 hours? YES NO

Is your cat on any medication? If yes, please explain: _____ YES NO

When was flea and tick prevention last given and what type? _____ YES NO

Our kennel has a "NO FLEAS OR TICKS" policy. If your cat is examined and found to have fleas or ticks, they will be treated at an additional cost. It ranges from \$9.00 - \$28.00 per dose per cat.

Has your cat seemed healthy to you? YES NO

Is there anything else we should know about your cat? _____ YES NO

Recommended for ALL ages, especially senior cats (10 years +) :

We recommend performing a presurgical screening (an EKG, and lab tests to evaluate the liver and kidneys) BEFORE using any anesthetic (unless these tests were already performed in the last 30 days). These tests allow us to see "inside" your cat and make informed decisions about the best way to treat him/her medically. Do we have your permission to perform these optional tests?

(\$61.00 for EKG and Serum Chemistry Panel)..... YES NO

While your cat is anesthetized, would you like us to perform any of the following procedures? Please mark if Yes:

- _____ Home Again Microchip Placement (\$40.00)
- _____ Pedicure (No Charge)
- _____ Other: _____

***Please note: Pain Medication (both injection and take home) will be prescribed by the doctor for all oral surgery cases. In addition, the doctor may perform dental nerve block(s) to further aid in your cat's recovery from oral surgery.**

List persons authorized to pick up your cats: _____

Signature: _____ Date: _____ Daytime Phone #: _____ Circle Preference: _____
Alternate Phone #: _____ Text or Call

******* It is important that you be available to talk with the doctor on the phone while your cat is anesthetized in case further treatment is required.**

THANK YOU FOR HELPING US TO PROVIDE THE BEST QUALITY OF CARE OF YOUR CAT!!