

Meridian Veterinary Hospital
421 W Franklin Rd., Meridian, ID 83642
208-888-3444

OWNER NAME _____ PET NAME _____

DAYTIME PHONE _____ ALTERNATE _____

DENTAL PROCEDURE(S) _____

Since we are unable to fully examine your pet's dental health until your pet is under anesthesia, previously unanticipated dental disease may be discovered and additional procedures may become necessary. In the event that tooth extraction(s), or other additional dental procedures are necessary to maintain the oral health of your pet, please advise us how to proceed:

_____ Please CALL ME prior to any additional procedures. I may be reached at the phone number above. In the event I am unreachable, dental procedures will be completed at the doctor's discretion to treat the condition and to avoid unnecessarily prolonged anesthetic exposure to my pet.

_____ You have my permission to do what is necessary to treat the disease conditions found, you NEED NOT CALL me first

The comfort level of your pet is very important to us, so we offer personalized pain management when we feel that it would benefit your pet. \$31.00

_____ You have my permission to provide pain medicines as the doctor deems necessary.

_____ Please call me first, at the numbers listed above, before giving any pain medicines.

For the protection of your pet, we highly recommend that a pre-anesthesia blood profile be performed. Pre-anesthetic blood screening evaluates your pet's general health and helps us determine if your pet may have difficulties metabolizing anesthetic agents. This blood work consists of the following tests: ALKP and ALT reflect liver function; BUN and Creatinine reflect kidney function; blood glucose to screen for diabetes; total protein as a reflection of overall health and hydration, and PCV to evaluate the red blood cells.

_____ I approve the pre-anesthesia blood work \$49.00

_____ I decline the pre-anesthesia blood work

While your pet is under anesthesia, we have an opportunity to perform additional procedures with NO discomfort to your pet. Please check the procedures you would like to have done today:

_____ Anal gland expression; common cause of scooting and licking the rear \$12.00

_____ Ear cleaning; to help reduce the frequency of ear infections \$12.00

_____ Avid microchip; provides permanent identification for your pet for life \$34.00

_____ Nail Trim \$ N/C

As the owner and/or person responsible for this pet, I have read and understand all procedures I have elected. I accept full financial responsibility for services rendered on behalf of my pet. I understand and agree that payment in full is due upon release of my pet.

SIGNATURE: _____ DATE: _____