
Creature Comforts, LLC CLIENT Anesthesia DENTAL Release Form

<date>

Client Name: <first-name> <client>

Phone: <phone>

Cell: <cell-phone>

Address: <address>

City, State, Zip <city>, <st> <zip>

Email: <e-mail>

Patient Info: #<animal>” <age-name> <species> <sex-name> <color> Weight <weight>#

I hereby authorize agents of Creature Comforts, LLC to perform the following procedures or treatments.

Items INCLUDED in the DENTAL PACKAGE:

PreSurgical Exam

Anesthesia

Dental scale/exam/polish

IV Catheter and fluid administration BIONET surgical monitoring Post Op injections (Penicillin/pain relief)

ADD ON ITEMS – NOT included in the package:

I accept/decline the following:

- / Dental Extractions: Simple, Advanced or Surgical with or without block
- / Collasate, Doxigel or Oravet, if needed
- / Distemper 4 way
- / Rabies Vaccination
- / Pre Surgical Blood work, including the following recommended tests: \$ _____

/ Microchip Implantation

/ Other: _____

Pain Medication – do you prefer **herbal** or **drug**?

I OPT FOR THE VETERINARIAN TO CALL ME PRIOR TO DOING ANY OF THE ADD ON PROCEDURES LISTED ABOVE

I certify that this animal has:

NOT been acting ill today or recently in any way. (i.e. vomiting, coughing, sneezing, etc) and is not in heat. This animal has **NOT** bit a person or other animal in the past month.

I am the owner or agents of the above animal and have the authority to execute this document

The nature and purpose of these procedures and treatments, the associated major risk and available alternative treatments have been explained to me. I acknowledge that no guarantee has been made as to results that may be obtained. I understand that complications may arise which cannot be predicted. I understand that I will be financially responsible for any veterinary medical care necessitated by complications. I hereby release Creature Comforts from any and all liability. I consent to the administration of sedative and anesthetic as deemed appropriate by the veterinarian in charge. I understand that the surgeries performed today are not being performed by a board certified veterinary surgeon.

If unforeseen conditions arise which, in judgment of the attending veterinarian, call for the procedures of treatments other than those now being authorized, I authorize such procedures or treatments.

I understand that if complications arise post-operatively and emergency care is needed, I may need to rush my animal into an emergency veterinary clinic for such care, at my own expense. I understand that Creature Comforts, LLC is not a veterinary emergency care clinic.

Signed: _____

Date: _____

Discharge Instructions-POST OP

I have received, read and understand the information on the Surgery Discharge Sheet. All questions that I had have been answered. Signed _____ Date: _____