Dr. Robert Merrill
Dr. Christina Rains
Dr. Mark Schlimgen
Dr. Courtney Woodside
Dr. Leticia Wustenberg

Sherwood Family Pet Clinic
Quality Care - Compassionate Staff

AAHA ACCREDITED
The Standard of Veterinary Excellence

15970 SW Tualatin-Sherwood Road · Sherwood, OR 97140 · (503) 625-5664 · SherwoodFamilyPetClinic.com

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. **The isolation ward fee is $16.00.**

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. $68.50--$177.00
_____**No.** I decline pre-anesthetic blood screening for my pet.

IV fluids: These intravenous fluids help ensure safe anesthesia and help patients have better post-operative recovery. It is recommended for all pets undergoing anesthesia, and very strongly recommended for those over 5 years of age
_____**Yes.** I would like IV fluids given to my pet to increase the safety of the procedure. $68.00
_____**No.** I decline IV fluids for my pet.

Dental x-rays: Diseased or damaged teeth may need to have radiographs taken to evaluate them. **Dental x-rays may be required if your pet needs an extraction.**
_____**Yes.** Proceed with x-rays if indicated. $27.00 per view
_____**No.** Do not take x-rays unless you are able to contact me. **(unless required with an extraction)**

Tooth Extraction(s): 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:
_____Proceed with any needed extractions. Cost Varies
_____Please attempt to contact me with an estimate before proceeding with extractions.
However, if you are unable to contact me, proceed with extractions as necessary.
_____Do not extract any teeth unless you are able to contact me.

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. $49.00
_____**No.** I decline microchip identification.

Overnight care at SFPC is unsupervised at times outside of normal business hours. Sunday and Holiday care consists of multiple visits by trained staff members. All other hours on Sundays and Holidays are unsupervised.
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**_____