

## **Springdale Animal Hospital**

2903 West Huntsville Ave. Springdale, AR 72762 479.751.2327 (phone) 479.751.2860 (fax) Dr. Elizabeth Carender Dr. Christy Booth

## Dental Prophylaxis & Anesthetic Release Form

Name:	A		<del></del>
Pet s Name:	Age:		
Procedure(s) to be perform	ned:		
Vaccination. (\$15.00) Proof v	n physical exam (\$40.00) may be required for you will be required upon admission. Please ask if yo we services are rendered. We also offer Care Cre	ou are unsure if this applie	es to your pet(s). Payment is due o
anesthetic. These tests all him/her medically. Do we	ng a <b>Pre Surgical Screening</b> (blood work ow us to see "inside" your pet and make it have your permission to perform these ( & Serum Chemistry Panel?	informed decisions abo	out the best way to treat
	·		
This will allow us to main	n IV catheter and administering fluids for tain your pet's blood pressure and liver/k or medications are needed quickly.		
	catheter and run fluids?	Yes ?	No
Have you withheld Food	and Water for at least 12 hours?	Yes	No
	cation that we need to know about?		
When was flea and tick j	prevention last given and what type? _		
Extract diseased tedApply Fluoride treaMicrochip PlacemPedicure (No Char	etized, would you like us to perform an eth (please ask for an estimate) atment to healthy teeth (\$9.50) ent and lifetime registration – required foge)	r Springdale/Fayettevil	
Signature:		Date:	
Phone number:	e contacted? Voice Call Email	T	
HOW WOILID VALLING TA IN	e contacted ( : Voice Call Email	Text	

Our kennel has a "**NO FLEAS OR TICKS**" policy. If your pet is examined and found to have fleas or ticks, he/she will be treated at an additional cost. Ranging from \$7.50-\$20.00 per dose, per pet.