Schmitt's Animal Hospital P.C. 4268 Three Mile Road NW, Grand Rapids, MI 49534 616-791-2011



Feline Dental/Anesthesia Release Form

Has an appointment on Date:	Our office opens at 8:30am. Check-in time is 8:30-8:45.
physical examination. However, many conditions, included testing is performed. Such test are especially important For these reasons, we highly recommend blood screening staffed to perform these important blood tests. Results Feline Leukemia Virus/Feline Immunodeficiency Virus We also encourage a Feline LeukemiaVirus /Feline Immunodeficiency Virus Feline Leukemia (FeLV) is a virus that causes spontaneous	ng before anesthesia/dental cleaning. Our laboratory is fully equipped and will be immediately available to examine before your pet is anesthetized. Test unodeficiency Virus test on all cats that have not been previously tested. us neoplasia in cats and suppresses the bone marrow and immune system. ks the immune system of the cat. Both of these viruses can be present in \$35.00. and agree to pay the additional cost.
Cost for this test is \$79 ☐ Yes, I want my pet to have a pre-anesthesia blood something in the control of t	ood screen. (Not an option for cats 9 years or older)
	nplete screening. Please ask the doctor for more details. In some cases, due s before surgery. Blood work is required on cats that are over 9 years of age.
decrease your pet's blood pressure. Giving them fluids	to pay the additional cost.
We will remove any teeth that are loose or infected whi charges for removing teeth. Routine cleaning and polish	loser examination if teeth may need to be extracted due to decay or infection ch will improve the overall health of your pet. There may be additional ling of your pet's teeth should not be painful. However if teeth extractions scomfort. We can help minimize this with pain medications. Studies have d more comfortably.
I understand that there are risks associated with anesth risks. I authorize my Veterinarian to complete bloodwo	esia and surgery and that my Veterinarian will do her best to minimize these rk as indicated above. If any of the bloodwork results are abnormal, I perform the procedure until contacting me. If my pet's condition changes an will try to contact me at the following.

If I cannot be reached, I authorize Schmitt's Animal Hospital to perform such treatment as they deem necessary. I will pay for all

procedures performed at the time I pick up my pet unless other arrangements have been made.

Signed: Date: