



Kalihi Pet Clinic

Phone: (808) 951-8808
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DENTAL RELEASE FORM

Please read carefully, write legibly, and fill out completely.

OWNER INFORMATION:

Owner Full Name: _____

Phone: _____ Email: _____

PET INFORMATION:

Pet Name: _____ Procedure: _____

Current Medical Conditions: _____

Current Medications: _____

Known Allergies: _____

PROCEDURE INFORMATION:

Intravenous (IV) Catheter Option:

NO, I would like to decline IV catheter placement for my pet and to remove the \$50.00 charge. I understand that IV catheter placement is always suggested. An IV catheter line allows emergency access in the event that CPR is needed.

YES, I would like an IV catheter placement for my pet (\$50)

Pre-Operative Blood Work Option:

NO, I would like to decline all blood work and remove the \$100.00 charge. I understand that the blood work helps the veterinarian look for underlying conditions that may affect anesthesia recovery time and general health of my pet.

YES, I would like to run a pre-operative comprehensive blood panel (CBC/Chem) on my pet (\$100.00)

In the event that a patient goes in cardiac arrest, we will perform cardiopulmonary resuscitation (CPR) at no charge:

- NO, I decline CPR for my pet.
- YES, I would like CPR for my pet in the event of cardiac arrest.

Additional Services:

- CANINE ONLY - Adult Annual Vaccinations & Heartworm Check (\$130)
- CANINE ONLY - Heartworm Check (\$25)
- FELINE ONLY - Adult Indoor Annual Vaccinations (\$60)
- FELINE ONLY - Adult Indoor & Outdoor Annual Vaccinations (\$120)
- FELINE ONLY - FIV/FELV Test (\$50)
- Nail Cut & Anal Gland Expression (\$0)
- Microchip (\$25)
- Other: _____

PLEASE READ CAREFULLY AND INITIAL AFTER EACH STATEMENT:

_____ I am the owner or an authorized agent agent of the described animal. I hereby authorize the veterinarian technician to provide service to my animals. I consent to any diagnostic tests, treatments or emergency care that my pet may need. I certify that there is no guarantee or assurances has been made as to the result that may be obtained through the course of treatment.

_____ I understand that unforeseen conditions may be revealed during the procedure that may require more extensive treatments. I understand that all reasonable efforts will be made to contact me to authorize additional treatments. However, if these efforts are unsuccessful, I authorize the performance or treatments that are deemed immediately necessary for the health and well being of my pet in the professional opting of the attending veterinarian.

_____ I hereby authorize anesthesia/surgery/dental/hospital stay for my pet. I understand that some risks always exist with anesthesia, surgery, and dental. My signature on this consent form indicates that any questions have been answered to my satisfaction. I understand that there are rare complications associated with any anesthetic or medical procedure. In particular, I have been advised that there is an extremely small risk of death, complications, or side effects any time an anesthetic is used. I will not hold Kalihi Pet Clinic, the veterinarian(s), or any staff member liable for any complications that may arise.

_____ For Dental procedures, I give my permission to the veterinarian to extract any teeth that they deem medically necessary.

_____ I understand that the quote provided is just an *ESTIMATE*. There may be additional charges during the visit. Quotes do not cover all post-operative treatments if additional work is needed. Prices are subject to change at any time without further notice.

_____ I understand that I assume financial responsibility for all services rendered. A deposit of half the cost of surgery may be required upon drop off of the patient. The entirety of the bill must be paid upon services rendered before my pet is discharged from the hospital.

_____ If at all possible bring your pet in a carrier. Please have carrier wiped down and clean. Avoid putting toys, blankets, etc in the kennel. Avoid clothes on your pets. A potty pad would be a good idea. If you do not have one, bring a slip leash (we can provide one if you do not have one.) *DO NOT*: bring cats wrapped in towels, have your dog on a leash attached to a loose collar, etc. We do not want escapes on Beretania Street.

_____ Ask the staff about medications to relax your pet if you think they will be aggressive without you. We can have you pick-up medication before your appointment to calm them.

_____ Call 425-7700 when you arrive at the clinic. Stay in your car and wear a mask. Reschedule your appointment or have someone else bring in your pet if you have any signs of illness. Our staff will follow by the same set of rules to protect you.

_____ *REMAIN IN YOUR VEHICLE AT ALL TIMES.* It may take up to 15 minutes past your scheduled appointment time for a technician to pick-up your pet as we are coordinating multiple pick-ups/drop-offs every half hour with limited staff.

_____ Do NOT talk with the technician that picks-up/drops-off your pet. This would defeat the purpose of social distancing. All conversations should be via phone or email. Ask questions before drop-off or when we go over discharge notes. ***PLEASE WEAR A MASK OVER YOUR MOUTH AND NOSE WHEN INTERACTING WITH STAFF MEMBERS.***

_____ Following your appointment, a technician familiar with the case will relay any information from the doctor via phone. This is the time to ask any questions, discuss concerns, and request for medication or supplies to be picked up. DO NOT wait until someone drops-off your pet to ask these questions.

_____ Complete this form as much as possible and email us back or bring it with you to the appointment. If the form is not complete, you will be given a new form and you can text a picture of the completed form to 425-7700. Please fill it out as best as possible, without this we cannot efficiently treat your pet. Patient history is important.

_____ After the appointment summary has commenced, payment will be collected over the phone to limit physical interactions between client and staff members. Pay by credit card if possible.

_____ Please be patient with us. Because we are not allowing clients into the clinic, the amount of calls coming into our clinic have increased exponentially. We have dedicated more of our staff to answering phones in order to service everyone. If possible you may also reach us by email, if it is not an immediate issue. We also have started an online pharmacy and food ordering service on our website www.kalihipetclinic.com (click on under the “medication order” tab and “food order” tab)

By signing below, I hereby acknowledge that I have read, understand, and agree to the terms set forth by this document. I understand that if I have any questions or concerns, it is my responsibility to discuss them with a staff member.

Signature: _____ **Date:** _____

Due to the COVID-19 pandemic, Kalihi Pet Clinic has temporarily moved to drop off appointments only to help keep our facility safe for our team and clients. Please review the below drop off instruction prior to your arrival.

CONFIRMED DROP OFF FOR:

No food or water after midnight the day of surgery to prepare for sedation. The exception being patients under 2 lbs., rats, rabbits, and/or unless otherwise instructed.

Thank you for your help, and patience, as we navigate this uncertain time. It is of utmost importance that we remain open to care for our patients.