



Kalihi Pet Clinic

Dental Release Form

Please read carefully and complete legibly with a pen.

Owner Information
Full name:
Address:
Phone Number:
Email:

Patient Information
Patient's Name:
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Age/Date of birth:
Breed:

General Patient Health	
• Current Medication (s) :	• Relevant Medical History :

Procedure Information
<p>Intravenous (IV) Catheter + Fluids (\$50) :</p> <p>Placement of an IV catheter allows delivery of fluids to assist in maintenance of your pet's blood pressure, hydration and to assist their organs in metabolizing the anesthetic drugs more efficiently. Additionally, in the event that an emergency situation develops, an IV catheter provides rapid access for drug administration. <u>IV placement is mandatory for any sedated procedure.</u></p>
<p>Pre-Operative Blood Work Option</p> <p>Blood work helps the veterinarian identify potential underlying conditions that are not evident through routine examinations which may affect anesthesia recovery time and general health of your pet. Highly recommended for pets 9 years and older. While we do recommend that this screening is done for patients of all ages, the ultimate decision is left to the owner.</p> <p><input type="checkbox"/> NO, I would like to decline all blood work and remove the \$100.00 charge. I understand that by declining blood, I am declining results that may offer information which could decrease many risk for my pets.</p> <p><input type="checkbox"/> YES, I would like to run a pre-operative comprehensive blood panel (CBC/Chem) on my pet and accept the \$100 charge</p>
<p>CPR: In the event that a patient goes in cardiac arrest, we will perform cardiopulmonary resuscitation (CPR). The administration of CPR as well as emergency drugs if needed is an additional \$150 charge should it be required. If you do not wish for CPR to be administered in the event of an emergency, no charge will be associated.</p> <p><input type="checkbox"/> NO, I decline CPR for my pet.</p> <p><input type="checkbox"/> YES, I would like CPR for my pet in the event of cardiac arrest (\$150)</p> <p>In the rare event that CPR is needed, we will be in contact.</p>

Procedure Information

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| <input type="checkbox"/> Nail Trim (\$0) | <input type="checkbox"/> Dog Vaccines + Heartworm test (\$130) |
| <input type="checkbox"/> Anal Gland Expression (\$0) | <input type="checkbox"/> Cat Indoor Vaccines (\$60) |
| <input type="checkbox"/> Heartworm Check- Dog only (\$25) | <input type="checkbox"/> Cat Outdoor Vaccines (\$120) |
| <input type="checkbox"/> FIV/FELV Test - Cat only (\$50) | <input type="checkbox"/> Microchip (\$25) |

PLEASE READ CAREFULLY AND INITIAL AFTER EACH STATEMENT:

- _____ When you arrive at the clinic, please remain in your vehicle and call 808-425-7700 to let our staff know that you have arrived. Please provide the first and last name of your pet, your appointment time and the number of the stall you are parked in. Please make sure that cats are secured in carrier. Slip leads will be available for all dogs.
- _____ To ensure the safety of everyone, please be sure to wear your mask over your mouth and nose when interacting with staff.
- _____ I confirm that I am the owner of _____ (pet name)
- _____ I authorize Dr.Obara to proceed with sedation and the dental procedure.
- _____ I give my permission to the veterinarian to extract any teeth that they deem medically necessary.
- _____ I authorize anesthesia/dental/ hospital stay for my pet. I understand that some risks always exist with anesthesia and dental. I understand that there are complications, associated with any anesthetic or medical procedure. I will not hold Kalihi Pet Clinic, the veterinarian, or any staff member liable for any complications including death that may arise.
- _____ If unforeseen issues arise during the scheduled procedure, I understand that Kalihi Pet Clinic will make every reasonable attempt to contact me for authorization of additional services. If these efforts are unsuccessful, I authorize services that are deemed immediately necessary for the health of my pet.
- _____ I have been provided with a quote of the estimated cost for the procedure. I am aware that quotes are just estimates and that the final total can vary.
Estimated Total \$ _____ (Please refer to the quote for a full cost breakdown)
- _____ I accept complete financial responsibility for all services rendered and understand that payment in full is required upon discharge.

Operating curbside has presented its challenges, but we are always striving to improve this experience for our patients and their families. Mahalo for your patience.

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

Signature: _____ Date: _____

Please have your phone readily available for any time sensitive inquires, discharge instructions and/or pick up information. If there is an additional phone number (other than one provided in client information) please write it on the top of the front page.