

**TOWN AND COUNTRY ANIMAL CLINIC
LAKEVIEW ANIMAL CLINIC**

**(616) 754-4992 (dental)
(989) 352-6684
www.tcanimalclinic.com**

Dear _____ ,

This letter is to confirm that _____ is scheduled for _____ surgery on _____ .
Our surgery check in time is 7:00 - 8:30 am. at our Greenville office and 8:00 - 9:00 a.m. at our Lakeview office.

Please read and complete this form and bring it with you when you drop off your pet for their dental.

This will allow you to be on your way as quickly as possible but we will give you all the time you need to have any questions or concerns answered.

Your pet is in for anesthesia/dentistry and should do fine. We will perform a full physical examination on your pet before administering the anesthesia.

Pre-Dental Checklist

Remove all food after 9 pm the night before your pet’s procedure. If your pet weighs less than 5 pounds then remove their food first thing the morning of surgery.

Remove water the morning of your pet’s procedure.

Is your pet exhibiting any of the following conditions:

	Yes	No		Yes	No		Yes	No
coughing	_____	_____	frequent urination	_____	_____	odor	_____	_____
vomiting	_____	_____	increased drinking	_____	_____	discharge	_____	_____
diarrhea	_____	_____	change in appetite	_____	_____	scratching	_____	_____
head shaking	_____	_____	any current medication	_____	_____	seizures	_____	_____
			any weight change	_____	_____			

DOGS

For any stay in the hospital we require that all dogs have had a Distemper/Parvo vaccination and a Kennel Cough vaccination given by a veterinarian within the last 12 months. **We require** a current Rabies vaccination. This assures the safety of your pet, the safety of the other patients in the hospital, and the safety of the hospital staff. **We also require** for any anesthetic procedure, that your dog has had a heartworm test within the last 12 months.

CATS

For any stay in the hospital **we require** that all cats have had a Distemper/Respiratory vaccination given by a veterinarian within the last 12 months. **We require** a current Rabies vaccination. This assures the safety of your pet, the safety of the other patients in the hospital, and the safety of the hospital staff. **We highly recommend** that all cats be tested and vaccinated against Feline Leukemia Virus. This is a fatal disease of cats that is easily prevented.

PREANESTHETIC BLOODWORK

Preanesthetic bloodwork gives the doctor an inside look at some of your pet’s vital internal organs. For some procedures bloodwork will be required as indicated. For other procedures it will be done at your discretion. We recommend the following blood tests for all patients to insure that your pet is in the low risk category by ruling out any pre-existing internal problems that may not be evident on a physical exam. Please refer to the enclosed letter for a complete description of available tests and safety packages.

There is an additional fee for these important procedures.

		Yes	No	
Pets 4 years and under -	PreAn Partial Profile-recommended	_____	_____	
	Complete Blood Count-recommended	_____	_____	
	Intravenous Fluids - recommended	_____	_____	
	or Choose Safety Package	1	2	3
Pets 5 - 9 years old -	PreAn Partial Profile-required	_____	_____	
	Complete Blood Count-recommended	_____	_____	
	Intravenous Fluids - recommended	_____	_____	
	or Choose Safety Package	1	2	3
Pets 10 years and older -	PreAn Partial Profile-required	_____	_____	
	PreAn Complete Profile-recommended	_____	_____	
	Complete Blood Count-recommended	_____	_____	
	or Choose Safety Package	1	2	3

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Yes No

#1 Feline Leukemia Virus / Feline Immunodeficiency Virus

Cats may carry either virus without showing signs of illness. Both viruses suppress your cat's immune system and may cause illness or premature death. We highly recommend all cats be tested. Would you like us to run this valuable test?

#2 Fecal exam for worms

Would you like us to get a fecal sample to test your pet for intestinal parasites?

#3 Home Again Advanced Pet Recovery

One in three pets get lost. Home Again microchipping has reunited more than 400,000 lost pets with their owners. Would you like us to microchip your pet painlessly while they are under anesthesia?

Flea Control

If fleas are found on your pet, they will be treated appropriately and this service will be charged for. If you need flea control medications to use at home, please ask us.

Extracting Teeth

It is not always possible to know prior to anesthesia if some teeth may need to be removed due to decay or infection. We will remove any teeth that cannot be saved. This will improve the overall long term health of your pet. There are additional charges for any teeth that need to be removed. If you have any concerns about this, please let us know when you bring your pet in.

Pain Control after dental procedures - We put every patient on pain relief medication unless it is declined by you.

All pets feel pain after surgery. We help control this pain with injections before surgery and with follow up oral medication at home. Oral medications can be used as soon as the patient is able to keep food down. The cost varies with the size of your pet. This cost is in addition to the surgery charges. Please let us know when you bring your pet in for surgery.

If you are unable to complete this form ahead of time we will go over it with you when you bring your pet in. Please plan to spend about 15-20 minutes at the clinic when you are dropping your pet off for surgery so we can get your pet properly checked in. Any questions or concerns regarding your pet's care should be brought to our attention.

I do hereby request Town and Country Animal Clinic to hospitalize my pet to have a dental procedure performed on _____. I understand that there are risks associated with anesthesia and dentistry, and that my veterinarian will do their best to minimize these risks. I authorize my veterinarian to complete the blood work as indicated above. If any of the bloodwork results are abnormal, I understand the veterinarian, at their discretion, may not do the procedure until contacting me. I also understand that if I do not wish any blood work done it may increase my pet's risks. If my pet's condition changes such that additional treatment is needed, the veterinarian will try to contact me at the following phone number (_____); if I cannot be reached, I authorize them to perform such treatment as they deem necessary. I understand that any estimates given are estimates and that the final cost of treatment will depend on what my pet may require while in the care of the hospital. I also understand that if I need a more detailed estimate I can ask for one at the time I bring my pet in. I will pay for all procedures performed at the time I pick up my pet. **I understand the clinic accepts cash, check, Mastercard, Visa, Discover, and CareCredit as payment options.**

Signature Please

THANK YOU FOR THE OPPORTUNITY TO TAKE CARE OF YOUR PET