

**Kettle Moraine Veterinary Clinic, S. C.**  
**Surgical Consent Form**

Today's Date:

Patient Name:

Owner's Name:

**Please read and complete this form. This form must be signed and turned into us 48 hours before the scheduled surgery date.**

- **It is important to remove all food after 9:00pm the night before your pet's procedure and limit water intake the morning of the procedure.**
- **Surgery check-in time is between 6:00am and 7:00am; surgeries will be done throughout the day. If you have questions for the veterinarian regarding the procedure, an appointment will need to be scheduled prior to the day of surgery.**
- **Patients need to be picked up by 5:00 pm the day of discharge.**

**Current Medication(s):** \_\_\_\_\_

**Last Time Medications Administered:** \_\_\_\_\_

I, the undersigned, do hereby certify that I am the owner/agent. I do hereby give Kettle Moraine Veterinary Clinic (KMVC), their doctors, employees and/or representatives full and complete authority to perform the surgical procedure described below along with any emergency procedures as deemed necessary. A complimentary nail trim is performed for all surgery patients.

Procedure: \_\_\_\_\_

I release KMVC, their doctors, employees, and/or representatives from all liability arising from said surgery on said animal. I understand that the above anesthetic and surgical procedures may involve but are not limited to risk of complications, injury, or in extreme cases, even death. These complications can arise from both known and unknown causes and no warranty or guarantee has either been expressed or implied. Furthermore, I authorize KMVC and its doctors, employees, and/or representatives to perform all necessary measures for the well-being of said pet in the event of a medical emergency (CPR, etc.) I agree to assume financial responsibility for all routine and emergency services rendered.

**ATTENTION!**

Your signature below constitutes your acknowledgement that you have read and agreed to the below form in entirety, the procedure (s) have been explained to your satisfaction and that you have all the information that you desire, you have had the chance to ask questions, and you authorized and consent to the performance of the procedure(s) and to the administration of anesthesia.

\_\_\_\_\_  
**Signature of Owner or Agent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Contact number**

**Kettle Moraine Veterinary Clinic, S.C.  
Dental Release Form**

Date:

Patient's Name:

Owner's Name:

Patient ID number:

**Anesthesia is required to thoroughly clean your pet's teeth, perform dental procedures and to complete an oral examination.**

A **dental prophylaxis**, also known as, a dental cleaning consists of:

1. Scaling- removing the tartar above and below the gum line. This is done with hand instruments and ultrasonic cleaning equipment.
2. Polishing- smoothing the surface of the teeth, prolonging the accumulation of plaque and tartar.
3. Oral examination- your veterinarian will examine and probe each tooth along the gum line for any signs of disease.

**Full Mouth Digital X-Rays:**

These are images of the entire tooth, including the root that is below the gum line (the portion of the tooth that is nonvisible when looking inside the mouth). Studies show that most dental disease actually occurs below the gum line. Without dental x-rays, a complete oral examination cannot be performed. For this reason, we recommend full mouth x-rays for all our patients.

**Extractions:**

Extractions may be required if any teeth are loose, severely infected, damaged, or diseased. This will be at the discretion of your veterinarian. If extractions are needed, x-rays are required of that tooth.

**If x-rays and/or extractions, or additional problems are detected while your pet is under anesthesia, how would you like us to proceed? (Choose one of the following, by initialing)**

\_\_\_\_\_ **If I am unreachable, PLEASE PERFORM any and all necessary procedures on my pet.** (X-Rays, Extractions, Gingival Tissue Surgery, etc.) I understand, additional charges for this will be incurred.

\_\_\_\_\_ **If I am unreachable please DO NOT perform any further procedures on my pet than what was previously discussed or what is listed and signed off on the Estimate.** This means your pet will be recovered from anesthesia with no further dental work performed, which may be necessary for your pet's dental health. (i.e., Extractions, Gingival Tissue Surgery, etc.) You may need to bring your pet back at another time to have the procedure performed.

**ATTENTION!**

Your signature below constitutes your acknowledgement that you have read and agreed to the below form in its entirety, the procedure(s) have been explained to your satisfaction and that you have all the information that you desire, you have had the chance to ask question, and you authorized and consent to the performance of the procedure(s) and the administration of anesthesia.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact number