

AFFORDABLE Vet Care  
1900 34th St. South (US 19)  
Saint Petersburg, FL 33711



(727) 328-SPAY  
(7729)  
petpalanimalclinic.com

**Authorization/Release Form  
Pre-anesthetic Test Waiver  
Consent Form**

*At Pet Pal Veterinary Clinic, we use proven techniques and safe anesthetics. Before the procedure, we perform a physical examination of your pet and carefully monitor your animal during anesthesia and through recovery. Some preexisting conditions cannot be determined by physical exam. Laboratory analysis can give us a more complete picture of your pet's health. For pets five years or older, a pre-anesthetic profile is strongly recommended. The profile assesses blood cell status and helps evaluate organ function.*

I understand that during the performance of my pet's dentistry, unforeseen conditions may be revealed that require an extension to or variation from the procedure for which my pet is being admitted. I expect the veterinarian to use reasonable care and judgment in performing such procedures. The nature of the procedure and the risks involved have been described to me, and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure will not relieve me from any obligation to pay all reasonable costs incurred regarding my pet.

**Pre-Anesthetic Profile Waiver**  
*please initial the appropriate statement*

\_\_\_\_\_ I authorize a pre-anesthetic profile.

\_\_\_\_\_ I **decline** pre-anesthetic blood screening for my pet, but request that you continue with anesthesia. I understand that a medical condition may exist, and my pet's health could be at risk if the condition goes undetected before my animal is anesthetized.

**Additional Procedures**  
*please initial the appropriate statement*

\_\_\_\_\_ I give permission to pull any loose or infected teeth while my pet is under anesthesia. I understand that any extractions and/or additional medications provided require an additional cost.

\_\_\_\_\_ I **do not** want any dental extractions performed on my pet during the dental procedure. I am aware of the necessary risks of failing to remove infected, broken or loose teeth.

Pet's name \_\_\_\_\_

Owner's phone number \_\_\_\_\_

Owner/Agent's signature \_\_\_\_\_ Date \_\_\_\_\_

Owner/Agent's name (please print) \_\_\_\_\_

**DROP OFF**

X-Ray \_\_\_\_\_ Number of views  
 Other \_\_\_\_\_

Heartworm test  
 Hospitalization

FNA  
 Collected: Urine/Feces/Bloodwork