

DENTAL TEETH CLEANING/DENTAL ANESTHESIA / DENTAL SURGICAL CONSENT

Date: <date>	Patient: <Animal>	Client: <first-name> <last-name>		
Email:	<e-mail>			
Home Phone:	<area> <phone>	Business: <business>	Cell:	<cell-phone>

Add'l Phone: _____

I authorize the following procedure(s) to be performed _____

An estimate for services has been previously discussed? Yes No

PLEASE READ ALL THE FOLLOWING IMPORTANT INFORMATION CAREFULLY BEFORE SIGNING THIS CONSENT. WE MUST HAVE YOUR ANSWERS TO THE FOLLOWING QUESTIONS BEFORE WE CAN PERFORM SERVICES.

Included in the price of your pet's dental cleaning package is:

Complete Cleaning & Polishing of your pet's teeth to remove plaque and tarter.

Additional Services:

A fluoride treatment, to **strengthen teeth**, is recommended after teeth cleaning.

Please administer the fluoride treatment. **Y/N** Cost \$22.88.

Sanos Teeth Sealant: Provides 6-12 month teeth sealing against bacteria and plaque to prevent gingivitis/periodontitis \$138.98.

This is **highly recommended** to control dental disease. Please apply to teeth **Y/N** (circle choice)

Health Questions: Circle Answer. Vomiting **Y/N** Diarrhea **Y/N** Eye Problems **Y/N** Ear Problems **Y/N**

Other Problems **Y/N** If yes to any questions, please explain. _____

Medications: List medications and when last given. _____

Vaccines: Pet must be current on vaccinations. If not current, we will vaccinate and charge for the service.

To keep all pets free of fleas in our office and exercise yard, your pet must be free of fleas. All pets will be examined, and **if fleas found**, will be administered flea control and **charged** to you. All pets must be given flea control within the last four weeks. When was your pet's last application? _____

PRE-ANESTHETIC BLOOD TESTS AND PAIN CONTROL

Our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will perform a physical examination. However, many conditions, including but not limited to disorders of the liver, heart, kidneys, or blood **may not** be detected unless blood/laboratory testing is performed. The **cost** for the pre-anesthetic test is **\$81.05**

Initial indicating I understand and accept this pre-anesthetic blood work fee.

PAIN MANAGEMENT

Pain medications **WILL BE ADMINISTERED** based on each pet's needs. There is an additional cost for the pain medication that will be sent home with your pet.

Initial indicating I understand my pet will be given pain medication(s). I understand and accept these charges for any medication(s) sent home with your pet.

For your pet's safety, during anesthesia, an IV catheter, fluids and antibiotic injections will be given. Additionally, cardiac and respiratory monitoring will be performed.

We offer a onetime therapeutic laser treatment post-operatively to shorten healing time and to reduce pain. This service is \$15.76. Please initial to acknowledge that you want this service.

SEDATIVE/ANESTHESIA SURGICAL RELEASE AUTHORIZATION

Creedmoor Road Animal Hospital will use all reasonable precaution against injury, escape, or death of my pet. I understand all anesthesia/surgery involves some risk to my pet. I acknowledge that no guarantee has been made as to the results that may obtained, and understand that there may be risks involved with anesthesia/surgery and that complications, including death, may arise. I will not hold Creedmoor Road Animal Hospital, or their doctors, or the staff, liable for any complications or unforeseen results.

EXTRACTIONS

Teeth requiring dental extractions are often identified only during anesthesia. Creedmoor Road Animal Hospital has my permission to use their best judgment in extractions without contacting me. The cost will vary based on which tooth extracted. Cost will range \$20.00-\$150.00 per extraction. If you select no, you understand that if we cannot reach you, a separate procedure may be required at a later date. **Y/N**

Does your pet need any additional care while here? Circle any work you desire.

Nail trim Anal glands expressed Ear care Refills Microchip Other: _____

Signature of Owner or Authorized Agent _____ Date _____

(please initial) **All products and services must be paid in full upon completion.**

