

Dental Consent Form for Springtown Veterinary Hospital

Owner: _____ Pet's Name _____ Pet's DOB _____ Date _____

Dental Extractions Other: _____ Most recent date of dental grade/ DG: _____

All patients undergoing an anesthetic procedure receive a pre-anesthetic examination by the doctor. They are monitored by pulse oximetry and kept on a warm water-heating blanket. We will also place an IV catheter and administer intraoperative IV fluids. This will require us to shave a small area on one or both of the front legs. Each pet receives pain medication before, during and after surgery to provide immediate post-operative pain relief. Depending upon the severity of periodontal disease, we will send home pain medication for your pet. Pets with grades III or IV periodontal disease will receive pain medication to be given at home. The additional cost is \$17.85. Antibiotic therapy may be necessary for treatment at home after surgery at an additional charge.

Pets 0 to 8 years **\$59.00** (6 Chemistry panel, CBC)

Pets over 8 years **\$137.18** (25 Chemistry panel, CBC, electrolytes, thyroid test, urinalysis)

Full mouth x-rays **\$78.00**

Please choose one of the following:

Perform whatever procedures are needed. I understand additional charges will accrue.

Please call me at number listed below. If for some reason I am unavailable when you call, please:

Perform whatever procedures are needed. I understand additional charges will accrue.

Do only what I have authorized.

Do only what I have authorized. I understand that my pet will have to undergo another anesthetic episode to complete the dental treatment.

Has your pet had aspirin or prednisone (cortisone) within the past 7 days? Yes No

Has your pet had anything to eat in the last 12 hours? Yes No

List any medication your pet is currently taking and time last given: _____

Please mark the box of any additional services you would like performed:

Comprehensive Medical Exam

Rabies

FVRCP

Fecal

Microchip

DHLPP-P/CV

Leukemia

Deworming

Bath

Bordetella

FIV

Nail Trim

HWT/ Ehr/ Lyme Test

Feline HWT/ Leuk/ FIV Test

Anal Gland Expression

Heartworm Prevention

6 OR 12 months of: _____

Flea Prevention

3 OR 6 months of: _____

Other: _____

I accept full responsibility for the fees generated by such services, and I realize that they are due and payable at the time the animal is released from the hospital.

Owner or Agent

Any and all contact numbers

Staff ID# _____