

Animal Clinic of West Plains, Inc. - Small Animal Dental Admission

Client Name: _____ Patient Name: _____ Patient Age: _____ Patient Weight: _____

Phone number(s) where you can be reached **DURING DENTAL PROCEDURE:** _____

HISTORY

Are all vaccines current? Yes No **Where were shots given?** _____

Known Health Problems: Coughing Vomiting Itching Diarrhea Limping Scratching Ears
 Bad Breath Lack of Appetite/Difficulty Drinking Problems Urinating/Defecating Other _____

At Home Dental Care: Do you brush your pet's teeth? _____ How often? _____
Use Dental Treats? _____ Type? _____ Feed wet or dry food? _____

Has your pet eaten in the last 12 hours? Yes No

Is your pet on medication/herbal supplements? Garlic / Ginseng / St. John's Wort Heartworm Preventative Other _____

Procedure: Dental Cleaning and Polishing Other _____

Would you like Oravet Sealant applied to your pets teeth to help prevent plaque buildup? Yes No

Gas Anesthesia is required for all dental procedures. An IV catheter will be placed in all patients.

***Please Note: Any pet weighing more than 35 lbs will be administered an injectable sedative prior to using GAS ANESTHESIA to ensure they are calm while we prep them for surgery (Add'l Charge).**

Severe health problems can result from tooth infections. Often the only treatment for infected teeth is extracting them. An additional fee would be incurred for any tooth extractions deemed necessary by the veterinarian.

Yes, I authorize tooth extraction(s) as needed. No, Do not extract any teeth.

Procedures/Vaccines Requested: *Discounted prices available for Rabies, DHLPP, & Combo when done with dentals*

Rabies DHLPP Bordetella FVRCP FIV Feline Combo Wellness Exam Declined Wellness
Deworm Heartworm Test: 4Dx -- Abaxis Feline Leukemia/FIV Test Nail Trim Fecal Float Giardia Test

Pre-anesthetic screening helps to determine if your pet has any existing conditions which may cause complications during anesthesia or in post-operative recovery. *Basic Pre-anesthetic screening IS INCLUDED with our basic dental package*****

Please indicate bloodwork type: Antech/IDEXX Pre-Op Profile + CBC In House CBC/Prep Profile

Optional Surgical Extras: Pre Pain Post Pain Radiographs Cardio Monitoring Level 1 2 3

PLEASE READ AND INITIAL THE FOLLOWING:

- _____ For the health of your pet and other animals in the Clinic, if your pet is found to have fleas and/or ticks, it will be treated with a single dose of Frontline Plus or Revolution at your expense (approximate cost - \$16.00).
- _____ If your animal soils itself while it is hospitalized, it will be bathed at your expense (approximate cost - \$15.50).
- _____ By refusing deworming and vaccinations, I understand that I am putting both myself and my family at risk to numerous zoonotic diseases.
- _____ By refusing any/or all pre-surgical screens I realize that I may be accepting unwarranted risk to my pet's life.
- _____ I understand that antibiotics may be needed as an unavoidable part of post-surgical treatment.

We will hand walk your dog twice daily if you request. This is done with every precaution, using chain collars, good leather leads, and an educated staff, however there is always some risk taken. We are not responsible if your dog gets loose while outside.

Would you like your dog hand-walked? Yes No

Consent for procedure: I am the owner or agent for the owner of the above described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operation(s). I further consent to the administration of restraint and such anesthesia and administration of drugs and other procedures as may be considered necessary or desirable in the judgment of the attending veterinarian. I also consent to the taking of any photographs, video, television or other audiovisual aids in the course of treatment for the purpose of advancing veterinary medical knowledge. The risks involved in performance of the above described operation(s) and/or procedure(s) have been explained to me in detail and I understand them fully. **I also assume financial responsibility for all charges incurred, and agree to pay all charges at the time of release, unless other arrangements have been made PRIOR to admission to the Clinic and PRIOR to treatment of the above described animal.** Payment is accepted by cash, check, or credit card.

Please Note: While your pet is with us, we are not responsible for any acts of God that may occur.

Owner/Agent Signature _____ **Date** _____ **Tech Initials** _____