



DENTAL PROPHYLAXIS ADMITTING FORM

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

YES NO

- Are Vaccinations Current? Update Today
Any Vomiting, Coughing, Sneezing, Diarrhea?
Is Your Pet Allergic to Any Drugs? What?
Is Your Pet Currently on Any Medication? What?
Any Other Specific Problems to Be Checked? What?
Any Dental Hygiene Products Used on Regular Basis? What?

ELECTIVE PROCEDURES TO BE DONE AT THE SAME TIME

These are simple procedures that do not greatly increase sedation/anesthesia time and therefore can be provided without discomfort to your pet at your cost. Please initial the options for your pet.

- Ear Cleaning
Routine Toenail Trim
Express Anal Glands
Microchip Implantation and Registration
Other Procedures You Would Like Performed At This Time:

EXTRACTION & OTHER PROCEDURES CONSENT / WAIVER

Many pets require sedation before a thorough examination can be completed. The condition of each tooth must be evaluated before a decision is made as to the best course of treatment. Although no one likes surprises, it sometimes is impossible to give an accurate estimate before sedation. From an economic standpoint, it is much more economical to complete all needed dental procedures during the initial visit and sedation rather than having to schedule another appointment with additional sedation. In an effort to satisfy your desires, please initial the appropriate option below:

- Please perform whatever procedures & extractions are required at this time.
Please perform whatever procedures & extractions are required up to \$
Please do nothing more than the requested dental prophylaxis procedure at this time.
Please call me after the exam with an estimate if any additional procedures are needed. Do not proceed without authorization.

Presurgical Screening

For the enhanced protection of our patients, we require presurgical screening of all pets prior to administration of anesthetics. Please initial which level you would prefer.

- Level 1-Mini Screen (CBC-no diff, BUN, Creatinine, TP, ALKP)
Level 2-Full Panel (CBC w/diff and Chemistry panel)
Level 3- Geriatric Panel (CBC w/diff, Chemistry Panel, T4 and Urinalysis)

Pain Management

It is proven that pain is associated with all oral surgical procedures. Therefore, we recommend that all pets have pain medication to be given at home following oral surgery. The veterinarian will decide the best pain control option based on the procedures your pet received today. These options can include but will not be limited to 3, 5 or 7 days of medication.

PREFERRED TYPE MEDICATION TO ADMINISTER AT HOME: [] Tablets/Capsules [] Liquids

Owner Release

You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that anesthesia and surgery always involves some risk to my pet and agree to hold you harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the below listed phone number, you are directed to make the decision you deem best for my pet. I have read the foregoing, understand what it says, and agree.

Signature (owner/agent) _____ Date _____

Phone number where you can be reached today: _____

If you can not be reached and an immediate decision needs to be made regarding your pet's care is there an individual you would like us to call? (please circle) Yes No

If yes, please list name and phone number _____