

Dental Admission Form



January 7, 2021

Patient

Name:

Sex:

Species:

Breed:

Age:

Birthday:

Weight:

Rabies Tag #:

Microchip ID:

Alerts:

Owner

Family:

Name:

Email:

Phone:

Address:

Spouse/Partner:

Emergency Phone - Cell:

Emergency Phone - Home:

Emergency Phone - Other:

Yes

No

Does owner give permission for procedures deemed medically necessary?
(ex: extractions, doxirobe gel, etc.)

☐☐

Is owner aware that there are potential risks with anesthesia and dental procedures,
including death?

☐☐

In the unlikely event that something unexpected was to happen, would you like us to
start CPR vs DNR?

☐☐

Would you like to have your pet microchipped during the procedure?

☐☐

Is your pet diabetic?

☐☐

If yes, when was insulin last given? _____

Is your pet on any medications?

☐☐

If yes, when were they last given? _____

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When did your pet last eat? _____

Notes for Patient:

I, the undersigned, certify that I am the owner, or authorized agent for the owner, of the animal listed above.

I authorize the doctor on duty and assistants to perform the procedures listed in the above treatment plan and estimate, including administration of pain relief medications, sedatives and/or anesthetics, as well as any necessary and appropriate medical, radiological, surgical, diagnostic and/or emergency care for the animal listed above.

I have been advised as to the nature of the procedures and the potential risks, and I understand the reason why such medical and/or surgical treatment is considered necessary, as well as its advantages, and possible complications, if any. I also understand that no guarantee of successful treatment can be made.

In some cases it is impossible to accurately estimate the total charges involved because the total extent of the injuries or illness may not be immediately apparent. The results of blood tests, urinalysis, radiographs, etc. may be needed before the doctor can approximate a total expense. Additionally, it is impossible to accurately estimate the time an individual animal needs to respond to a treatment plan and this factor will affect the total cost. It is understood that these are estimated fees.

If additional treatment is needed that exceeds the estimated range, the hospital will contact me with an updated treatment plan to obtain my permission to proceed, and I will increase my deposit accordingly. In the event that any urgent care requirements arise and the hospital makes a reasonable attempt but is not able to contact me, I grant permission to render to the animal listed above whatever emergency and life-stabilizing treatments are deemed necessary by hospital personnel and agree to pay for these emergency and life-stabilizing treatments even if they exceed this estimate.

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In order to provide your beloved pet with the best care possible, all dental patients undergoing general anesthesia require pre-anesthetic blood work, an intravenous catheter and fluid administration.

All animals are required to be up to date on vaccines and cats must have a documented FeLV/FIV test. They are also given pain medication for any extractions to keep them as comfortable as possible. Pain management includes injections locally and systematically before the procedure, and medication sent home afterwards with your pet. The charge for pain medications vary with the size of your pet.

Infected and loose teeth often cause pain and difficulty eating. We highly recommend the extraction of severely diseased teeth. I authorize the doctor to perform any necessary extractions.

In certain instances, we recommend "Doxirobe" barrier sealant. Doxirobe is a gel used to infuse periodontal pockets to treat and control periodontal disease.

I understand that prices on this treatment plan and estimate are valid for 30 days from the document date. If additional care is necessary, that exceeds the initial estimate, we will require payment of the current balance in full plus an additional 50% of the new estimate.

I assume full financial responsibility for all charges and services incurred to the animal listed above while in the hospital and agree to pay all such charges at the time of release of such patient.

I, the undersigned owner, or owner's authorized agent, of the above pet certify that I am over eighteen years of age. I have been informed that my pet is in need of preventative or therapeutic dental care and hereby consent to the appropriate procedures described to me by staff veterinarians at this facility. These procedures include but are not limited to the following: dental prophylaxes (routine teeth cleaning and polishing), extractions, oral surgery to close gaps left by extractions, dental x-rays, and antibiotic gel implants. I understand that some risks always exist with anesthesia and dental procedures and that no guarantee of successful treatment has been made. I understand that I assume full financial responsibility for all services rendered, and that payment is due in full upon discharge of my pet. I hereby certify that I have read and fully understand this authorization for medical and/or surgical treatment.

Signature of Owner or Responsible Agent

Date