

# DENTAL PROPHY ADMITTING FORM

Owner's Name: \_\_\_\_\_ Pet's name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

## YES NO

- Is Vaccinations Current? If so, where? \_\_\_\_\_ If not please update today ( )  
  Any Vomiting, Coughing, Sneezing, Diarrhea?  
  Did <animal> Eat This Morning?  
  Is <animal> Allergic To Any Drugs? If yes what? \_\_\_\_\_  
  Has <animal> Had Any Accidents Or Illness In Last 30 Days? \_\_\_\_\_  
  Is <animal> Currently On Any Medication? What? \_\_\_\_\_  
  Any Other Specific Problems To Be Checked? What? \_\_\_\_\_  
  Any Dental Hygiene Products Used On Regular Basis? What? \_\_\_\_\_  
  **Does Your Pet Have A History Of Seizures?**

Take home Pain Medication and Antibiotics will be added at an additional fee if extractions are performed \_\_\_\_\_ initial

## 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 at a fee less than would be required otherwise (when sedation would be required for the separate procedure) when done at the same time as the dental prophy:

## PLEASE CHECK

- |  |   |
|--|---|
| <input type="checkbox"/> Ear Canal Irrigation (\$130.38)                               | <input type="checkbox"/> Ear Cleaning               |
| <input type="checkbox"/> Express Anal Sacs   | <input type="checkbox"/> Brush Out / Clip Hair Mats |
| <input type="checkbox"/> Dewclaw removal   | <input type="checkbox"/> Microchip                  |
| <input type="checkbox"/> Remove Warts / Skin Growth (Location: _____)                  |   |
| <input type="checkbox"/> 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 required. **In an effort to satisfy your desires, please initial the appropriate option below:**

- Please perform whatever procedures & extractions are required at this time.  
 Please call me after the exam with an estimate if any additional procedures are needed. Do not proceed without authorization. Phone number where I can be reached today: \_\_\_\_\_  
**If I can not be reached, the veterinarian will proceed with needed dental procedures. initial \_\_\_\_\_**

## PRE-ANESTHETIC SCREENING CONSENT / WAIVER:

Like you, our greatest concern is the well-being of <animal>. A physical examination will be performed before sedating <animal>. However, many conditions, including disorders of the kidneys, liver, heart & blood cannot be detected without blood lab screening and heart electrocardiograms. For these reasons, we highly recommend pre-operative screening before sedating <animal>.

## PLEASE CHECK ONE:

- YES  I want to ensure my pet's safety. Perform a complete blood screen for **\$103.71**  
(Recommended for 1<sup>st</sup> time anesthesia, geriatric, or debilitated pets)  
YES  I want to ensure my pet's safety. Perform a mini blood screen for **\$67.68**  
(Recommended for all other pets undergoing surgery)  
NO  I assume total responsibility for my actions, by refusing to approve this blood Testing for my pet's safety

## OWNER RELEASE:

You are to use all reasonable precaution against injury, escape, or death of <animal> I understand that all sedation/anesthesia involves some minimal risk to <animal>, but you will not be held liable in any manner whatsoever or under any circumstances in connection therewith as it is thoroughly understood that I assume all risks. I have read the foregoing and agree.

\_\_\_\_\_  
Signature (Owner / Agent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date