

DENTAL PROCEDURE ADMITTING FORM



Date: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Owner: \_\_\_\_\_

Current vaccinations: Yes \_\_\_ No \_\_\_ (update today? Yes \_\_\_ No \_\_\_ )

Did pet eat this morning? Yes \_\_\_ No \_\_\_

Current medications: \_\_\_\_\_ Last dose: \_\_\_\_\_

Any vomiting, coughing, sneezing, diarrhea? Yes \_\_\_ No \_\_\_. If yes, describe: \_\_\_\_\_

Any home dental care products used on a regular basis? \_\_\_\_\_

Any known drug allergies? Yes \_\_\_ No \_\_\_

Any other specific problems requiring attention today? \_\_\_\_\_

PRE-SURGICAL BLOOD TESTING:

We strongly recommend that all pets undergoing anesthesia have blood work performed prior to any procedure. Blood work helps us to detect infection or anemia and to assess kidney and liver function. Information gained from these lab tests allows us to adjust each patient's anesthetic protocol as needed. Please initial your choice below.

Routine pre-surgical blood profile

(<7 years of age): \_\_\_ (\$67.50)

Senior complete body function profile

(>7 years of age): \_\_\_ (\$98.50).

I decline any blood work for my pet: \_\_\_\_\_

EXTRACTIONS & DENTAL X-RAYS:

CHOOSE ONE

Please perform the necessary x-rays and extractions required at this time. \_\_\_\_\_

Dental extractions: \$11.80 - \$149.50 per tooth.

Dental x-rays: \$70.00 - \$179.50

OR

Please call me after the complete dental exam if x-rays or extractions are needed. Do not proceed without authorization. \_\_\_\_\_

All animals will receive a free nail trim while under anesthesia. If you decline please check here \_\_\_\_\_

ELECTIVE PROCEDURES THAT CAN BE DONE WHILE YOUR PET IS UNDER ANESTHESIA:

\*Ear Clean/Flush (\$29.00 - \$43.50): Y \_\_\_ N \_\_\_ \*Express anal glands (\$15.50): Y \_\_\_ N \_\_\_

\*Brush out/clip hair mats (\$20.50 per 10 min): Y \_\_\_ N \_\_\_

\*Nail trim with dremel (\$17.50): Y \_\_\_ N \_\_\_ \*Apply flea medication (\$17.75 - \$25.20): Y \_\_\_ N \_\_\_

\*Remove skin tags/small skin growths (\$45.00 and up) Y \_\_\_ N \_\_\_ Location: \_\_\_\_\_

\*Microchip implant (\$41.99, includes 1st year registration): Y \_\_\_ N \_\_\_

\*Other procedures you would like performed at this time: \_\_\_\_\_

ALL PATIENTS WILL RECEIVE SEDATIVE AND PAIN MEDICATION PRIOR TO GENERAL ANESTHESIA, INTRAVENOUS CATHETER AND FLUIDS DURING THE DENTAL PROCEDURE, AND A FULL DENTAL EXAM.

CONSENT/WAIVER:

As the owner or agent of the animal named above, I hereby authorize Fidalgo Animal Medical Center to perform the above procedures. I have been advised of the nature of the services and procedures to be performed, as well as the risks involved. I acknowledge that no guarantee or assurance has been made to me as to the results or cure.

Signature: \_\_\_\_\_

Date: <date>

Phone number where I can be reached today: \_\_\_\_\_