

Dental prophylaxis admitting form

Date _____

Patient _____

Medical history

Are your pet's vaccinations current? Yes No

Date of last vaccinations _____

Has your pet recently experienced vomiting, coughing, sneezing, or diarrhea? Yes No

Did your pet eat this morning? Yes No

Is your pet allergic to any drugs? Yes No

If yes, list drugs _____

Has your pet been ill or injured within the last 30 days? Yes No

If yes, list illness or injury _____

Is your pet taking any medication? Yes No

If yes, list medication _____

Do you want us to check other problems? Yes No

If yes, list problems _____

Do you regularly use dental hygiene products on your pet? Yes No

If yes, list products _____

Elective procedures to be performed

Remove warts or skin growths \$ _____

Location _____

Inject pain medication at discharge \$ _____

Flush and clean ears \$ _____

Trim nails \$ _____

Express anal glands \$ _____

Dip for flea control \$ _____

Purchase flea preventives \$ _____

single dose multi-month package

Purchase heartworm preventives \$ _____

6 months 1 year

Brush out and clip hair mats \$ _____

Consent to perform extractions and necessary procedures

Many pets require sedation before a doctor can complete a thorough dental exam. Each tooth must be carefully evaluated so the veterinarian can choose the best treatment. To help you avoid surprise charges, a staff member will call you to update this estimate during the procedure if additional services are needed.

We recommend completing all needed dental procedures during this visit so you can avoid scheduling

another appointment with additional sedation costs.

Please check the options below:

Perform any necessary procedures and extractions at this time.

Perform necessary procedures and extractions up to \$ _____.

Provide only the requested dental prophylaxis at this time.

Call me after the dental exam and provide an estimate of any additional procedures. Do not proceed without authorization. You can reach me at () _____

Preanesthetic testing consent

Our caring staff members want to ensure your pet's well-being. A veterinarian will perform a comprehensive physical exam before sedating your pet. However, many disorders of the kidneys, liver, heart, and blood can't be detected without blood tests and a heart electrocardiogram (ECG). That's why we strongly recommend performing a presurgical screening before sedating your pet. Please check the options below:

I do do not authorize the recommended presurgical blood screen for \$ _____. I understand and assume all responsibility for additional risks or complications resulting from my refusal to approve this blood screen for my pet's safety.

I do do not authorize a preanesthetic ECG for \$ _____. I understand and assume all responsibility for additional risks or complications resulting from my refusal of this service.

Pet owner release

Your hospital staff members should use all reasonable precaution against the injury, escape, or death of my pet. I understand that sedation and anesthesia involves minimal risk to my pet, but I won't hold your clinic liable in any manner whatsoever or under any circumstances in connection with this procedure. I have read this consent form and agree to assume all risks.

Signature _____

Date _____