# Dental Prophy Admitting Form

**Owner's Name** ______________
**Address** ______________
**City/State** ______________

**Name of Pet**_____________
**Species** _____________
**Breed** _____________
**Sex**______ **Age**_________

**Yes No**
[] [] Any vomiting, coughing, sneezing, diarrhea?
[] [] Is your pet allergic to any drugs?
[] [] Has your pet had any accident or illness in the last 30 days or a health condition to be aware of? If yes please specify: ______________________________
[] [] Is your pet currently on any medication? If yes please list: ______________
______________________________________________

I verify I am the owner (or Authorized agent for the owner) of the above named pet & authorize the below procedure to be performed.

**Examination___ Hospitalization___ Laboratory Work___**

**Sedation/Tranquilization and/or General Anesthesia___ Medical**

**Treatment (Injections, Medication, Fluid Therapy) ___ Medication for**

**pain control___ Dentistry with possible extractions___**

**ELECTIVE PROCEDURES TO BE DONE AT THE SAME TIME**

These are simple procedures that do not greatly increase sedation/anesthesia time & 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 at the dental prohpy:

[] Parasite screen
[] Routine toenail trim
[] Brush out/ clip hair mats
[] Bathe/ Medicated bath
[] Ear cleaning/flushing
[] Express Anal Glands
[] Vaccinations
[] Any dental hygiene products to go home
[] Any other specific problems to be checked: ____________________
[] Remove warts/ skin growth (location: see diagrams below)
[] 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 the necessary dental radiographs and/or extractions that are required at this time.
□ Please do nothing more than the requested dental prophy procedure at this time.
□ Please call me after the exam with an estimate if any additional procedures are needed. Do not proceed without authorization.

*****If you are choosing this option please understand that the staff will need a phone number(s) that the responsible party can be reached at as your pet will be under anesthesia. We have your pets' best interest in mind and we require this to decrease the time that your pet will be under anesthesia**.

□ Canine only: If needed please perform the necessary procedure to apply Doxirobe Gel.

******Ask the technician about this tooth saving procedure.**

## TERMS AND AGREEMENT

I have been advised as to the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals and have discussed my concerns with the veterinarian. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgment. I accept responsibility for any result in additional charges.

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to assume financial responsibility and provide payment via cash or credit card. Payment for services is due when the services are rendered. If this account goes for collection by suit or otherwise, I agree to pay all costs of collection including a reasonable collector's or attorney's fee, plus 18% interest will be paid. I have read and understood this authorization and consent.

Signature: ______________________________ Date: ______________________________

Telephone number(s): ______________________________