

# All Creatures Veterinary Hospital Dental Propy Admitting Form

Patient/Pet Name \_\_\_\_\_ Account # \_\_\_\_\_ Date \_\_\_\_\_

## 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

Has your pet been ill or injured within the last 30 days?  Yes  No.....If yes, list illness or injury \_\_\_\_\_

Did your pet eat this morning?  Yes  No

Is your pet allergic to any drugs?  Yes  No.....If yes, list drugs \_\_\_\_\_

Is your pet taking any medication?  Yes  No.....If yes, list medication \_\_\_\_\_

Do you want us to check any other problems?  Yes  No.....If yes, list problems \_\_\_\_\_

Do you use dental hygiene products on your pet?  Yes  No.....If yes, list products \_\_\_\_\_

## Elective procedures to be performed

Remove warts or skin growths Location(s) \_\_\_\_\_

Vaccinations: \_\_\_\_\_

Dental X-rays  Add'l X-rays  Full Series

Pain medications  Antibiotics

Express anal glands  AVID Microchip \* AVID Registration Fee of \$19.95

IV fluids  Trim nails ½ price

## Consent to perform extractions and necessary procedures

Many pets require anesthesia 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.

*Please check one of the options below:*

Perform any necessary procedures and extractions at this time.

Perform necessary procedures and extractions up to the dollar amount of \$ \_\_\_\_\_.

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 (        ) \_\_\_\_\_.**

## Additional Options

Our caring staff members want to ensure your pet's well-being. A veterinarian/veterinary technician will perform a physical exam before anesthetizing your pet. However, many disorders of the kidneys, liver, heart, and blood cannot be detected without a blood test. That is why we strongly recommend performing a presurgical screening before sedating your pet.

*Please check one of the options below:*

I do  do not authorize the recommended presurgical blood screen.

**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.**

## Pet owner release

I have been informed by Dr. \_\_\_\_\_ (tech) as to and have understand the nature and purpose of the procedure/treatment. The possibility of complications has been explained and is understood by me, and I acknowledge that no guarantee or assurance has been made as to the results obtained. In the event of any post procedural complications, I am financially responsible for any follow-up treatment, medications, and care.

*I certify that I have read and full understand this consent.*

Signature \_\_\_\_\_ Date \_\_\_\_\_ Technician Signature \_\_\_\_\_ Date \_\_\_\_\_