



Dental Cleaning Admission Form

Client:	
Patient:	Age:
Date:	
Procedure:	

History: please circle your choices

Are Your Pet's pet's vaccines current?	Yes	No	Please update today
Have you noticed any coughing, sneezing, vomiting, diarrhea?	Yes	No	
Did Your Pet eat this morning?	Yes	No	
Is Your Pet on any medications currently?	Yes	No	
Does Your Pet have any allergies?	Yes	No	
Has Your Pet had an adverse reaction to a medication or anesthesia?	Yes	No	
Would you like to have Your Pet microchipped during this procedure?	Yes	No	
Do you have an e-collar at home? <i>**it is HIGHLY recommended to take an e-collar home with you after any soft tissue surgical procedure.</i>	Yes	No	Please send one home with me (\$5.43-\$17.28 depending on size)

Please note: Appropriate treatment will be administered at your expense to any pet with evidence of fleas, flea dirt, or ticks.

Optional Safety Measures: Your Pet will be under general anesthesia today. Because there is always the possibility that a physical exam alone will not identify all difficulties, we strongly recommend that a pre-anesthetic blood profile be completed prior to anesthesia. The tests we recommend are similar to and as important as those your own physician would run if you were to undergo anesthesia.

Last lab work Performed: _____

Please **INITIAL** your choice below:

	Prep Profile: Recommended for juvenile and early adult patients with no health concerns. Checks liver and kidney functions, Complete Blood Count.	+\$95.00
	Comprehensive Profile: Recommended for patients 7+ years of age OR any patient with health concerns. Includes all the tests above AND Albumin (protein), Phosphorus (kidneys), Calcium (tumors), Total Bilirubin (liver), Amylase (pancreas), Cholesterol	+\$151.50
	I DECLINE the recommended pre-anesthetic procedures at this time and request that you proceed with anesthesia	

Oral surgery and additional preventive dentistry: Your Pet will receive full mouth dental radiographs during their anesthetic dental cleaning today. Dental radiographs are the only way to truly evaluate your pet's complete dentistry needs as most periodontal disease lies beneath the visual surface of the gums. Due to this we often encounter problems that require further intervention unforeseeable until your pet has already been placed under anesthesia. This intervention may include but is not limited to; use of antibiotic gels and/or bone grafting materials to extend the life of Your Pet's teeth, and performing dental extractions when absolutely necessary. Please chose one of the follow options regarding additional dentistry:

Please **INITIAL** your choice below:

	Please call me prior to performing any additional dentistry required for Your Pet above the treatment plan I have been presented.*
	You may proceed with any additional dentistry Your Pet requires up to \$500.00 above the treatment plan I have been presented. Please contact me if Your Pet's recommended care will exceed this amount. *
	You may proceed with any additional dentistry Your Pet requires.

****Please note** it is pertinent that you will be readily available at the phone number you have provided to us during your pets time in our care. We will attempt to call you while Your Pet is under anesthesia per your selection below. In the event that you cannot be reached, your pet will be recovered from anesthesia no more than 5 minutes after the time of that call. In the event we cannot reach you please understand that we may leave periodontal disease untreated which may incur further costs in the future which you accept full responsibility for.

General Anesthesia Consent

Authorization

I verify that I am the owner (or authorized agent for the owner) of the above named pet and authorize the above procedure to be performed by Hendricks Veterinary Hospital. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure as directed by the veterinarian.

I have been advised as to the nature of this procedure to be performed and the risks involved. No guarantees have been made regarding the outcome or cure. I understand that there is always a risk associated with any anesthesia episode, even in apparently healthy animals, and have discussed my concerns with the veterinarian. The veterinarian has provided me the opportunity to ask questions and receive answers regarding the procedure. This risk includes serious bodily injury or death. 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.

I agree to be responsible for all charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital. I understand no staff will be attending to my pet overnight (pets needing special care may be referred to a 24 hour hospital).

In the event of an unforeseen emergency, we will attempt to reach you without delay. Please know that we will take every precaution to ensure that your pet is safe and healthy enough to undergo their procedure today. Any known risks will be discussed with you. However, very rarely, emergencies do happen and we want to know your preference if no one can be reached. Please check your preference:

Please **proceed** with extreme life-saving measures. I accept responsibility for all costs incurred.

Please **do not proceed** with extreme life-saving measures. I accept responsibility for all costs incurred.

I have read and understand the information printed above.

Signature

Phone number(s) where you can be reached TODAY