

Casper Animal Medical Center Dental Procedures Admission

Date: _____

Client name: _____ Pet name: _____

I consent to and authorize Casper Animal Medical Center to perform the following procedure(s) on my pet:

Dental exam & scaling

Please indicate **only ONE designated contact person**, and verify **ONE phone number** they will answer (NOT a message phone) – **in an emergency, we will not attempt to call multiple phone numbers!**

Printed name: _____ Phone #: (_____) _____

To ensure best care for ALL our patients, please wait for us to call you with updates on your pet.

- I understand that if my pet is not current on its Rabies vaccination, and should my pet be healthy enough to respond to the vaccine, the vaccine will be given and the fee added to the invoice.
- **We WILL perform safety during anesthesia.** We will also conduct a complementary pre-surgical physical exam on your pet. However, not all conditions are evident upon this exam. Blood chemistry panels allow us to recognize underlying internal problems which may pose a risk to your pet during anesthesia. Basic blood work is included in your package. **An upgrade to your pet bloodwork to our geriatric profile is an additional \$50.00.** You will receive a phone call if there are ANY concerns regarding your animal’s blood work.
- **All patients undergoing anesthetic procedures will have an IV catheter in place.** In the event of an emergency, a pre-placed intravenous catheter allows more rapid administration of life saving drugs.
- **We will administer a post-operative pain injection, and pain meds will be sent home if they are determined to be necessary.** It has been shown that humans recover better and faster if they are pain free; it is the same with our pets. The price for these medications will vary on size and species of the animal.

Please **INITIAL** to indicate your choice for the following:

<p><u>Oral Surgery:</u> Tooth extractions and oral surgery are charged by duration \$42.00/5 minutes of oral surgery</p>	<p>I approve up to 4 non-surgical extractions, if deemed necessary. I will be called for more than 4 regular extractions, or ANY surgical extractions.</p> <p>_____</p> <p><i>Initials</i></p>	<p>OR</p>	<p>I request a call before any extractions or oral surgery are performed.</p> <p>_____</p> <p><i>Initials</i></p>
<p><u>Dental X-rays</u></p>	<p>I approve x-rays if deemed necessary.</p> <p>_____</p> <p><i>Initials</i></p>		<p>I request a call before any x-rays are performed.</p> <p>_____</p> <p><i>Initials</i></p>
<p><u>Bonded Sealant Treatments:</u> Indicated on fractured teeth to reduce sensitivity and help prevent the tooth from getting infected. We smooth the rough surface and place a hardened sealant over the broken portion \$153.95/each</p>	<p>I approve bonded sealant treatments, if deemed necessary.</p> <p>_____</p> <p><i>Initials</i></p>	<p>OR</p>	<p>I request a call before bonded sealants are performed.</p> <p>_____</p> <p><i>Initials</i></p>

If I have requested a call before extractions, x-rays, and/or bonded sealants, I WILL be available at the number listed on the first page of this form.

If I am unreachable at that number, OR if the veterinarian/technician leaves a message for me and I do not return the call promptly (**within 5 minutes**), the attending veterinarian will make the decision, on my behalf, whether or not to proceed with the extraction(s), x-ray(s), and/or sealant(s). This decision will be made in the best interest of my pet's health, safety, and comfort. **Client initials:** _____

Additional options: (please **INITIAL** "accept" OR "decline" for each option:

Geriatric Profile Upgrade - \$50.00 (regular price: \$167.95) (recommended for patients age 7 years or older)	Accept _____	OR	Decline _____
Canine Heartworm Test (dogs over 6 months of age) - \$35.25	Accept _____	OR	Decline _____
Heartworm Prevention (price varies by size and quantity) <input type="checkbox"/> 6 months OR <input type="checkbox"/> 12 months	Accept _____	OR	Decline _____
Post-operative therapeutic laser treatment - \$13.70 (Helps decrease pain/inflammation, and can decrease healing time; NOT recommended after removal of masses that are potentially cancerous)	Accept _____	OR	Decline _____

I UNDERSTAND THE PROCEDURES TO BE PERFORMED, AND THE RISKS ASSOCIATED WITH THOSE PROCEDURES. IF ANY SEVERE ANESTHETIC OR SURGICAL COMPLICATIONS SHOULD ARISE, I CHOOSE FOR MY PET: (please **INITIAL** next to your choice)

_____ **CPR (Cardio-Pulmonary Resuscitation)**

This may include the administration of IV fluids and emergency medications to restore heart and respiratory function and blood pressure as determined important by the attending veterinarian.

*****OR*****

_____ **DNR (Do Not Resuscitate)**

In the event of anesthetic or surgical complications, including cardiac arrest, blood pressure complications, or respiratory arrest, emergency resuscitative measures will **NOT** be made.

I understand that my pet may be considered abandoned if Casper Animal Medical Center (CAMC) has not had contact with me within 7 days of the expected discharge date. CAMC is then authorized to dispose of my pet as best deemed, including euthanasia ("putting to sleep"), and I will still be held financially responsible for any and all charges accrued. I further understand that no guarantee of successful treatment has been made.

I certify that I understand this release, and furthermore assume responsibility for all charges accrued.

****PAYMENT IN FULL IS REQUIRED AT THE TIME OF SERVICE.****

By signing below, I acknowledge that I have fully read, understand, and consent to these terms.

Signature: _____ Date: _____