

Lake Country Animal Hospital

Consent for Dental Services Patient Information

Owner: _____ Pet's Name: _____ Date: _____

Did your pet eat anything this morning? _____

Is your pet allergic to any drugs? _____

Is your pet currently taking any medications? what: _____ when: _____

Once your pet is under anesthesia, your doctor will perform a complete oral exam and carefully check teeth and gums. During this comprehensive oral exam, your doctor may find one or more teeth that need to be extracted for health reasons. Dental x-ray(s) will be required to get an accurate diagnosis of the condition of your pet's teeth and jawbone.

Your doctor or veterinary technician will call you with an updated estimate if your pet needs any extractions or additional services. Based on the doctor's recommendations, the following services may be added to your invoice before you pick up your pet:

Extractions

Tooth Extraction, single root (1 tooth)	\$44.14
Loose tooth extraction (1tooth)	\$30.30
Root Extraction (per root)	\$44.14
Surgical Extractions – Canine	\$103.30
Surgical Extractions-Carnassial Tooth	\$197.97
Pre Molar Extractions	\$56.48

While your pet is under anesthesia we will be happy to perform any of the following elective procedures:

- | | |
|---|---------------|
| <input type="checkbox"/> Remove Skin Growth | per estimate |
| <input type="checkbox"/> Ear Cleaning | \$45.60 |
| <input type="checkbox"/> Trim Nails | complimentary |
| <input type="checkbox"/> Sanitary Hair Clip | \$15.50 |
| <input type="checkbox"/> Express Anal Glands | \$29.96 |
| <input type="checkbox"/> Microchip & Registration | \$59.99 |

Extent of Dental Services Desired

Should any unforeseen dental procedures be necessary and desirable in the veterinarian's professional judgment:

- I prefer that you proceed with all necessary dental procedures.
- I prefer to be called before any additional procedures, other than emergencies. If I cannot be reached, I authorize you to proceed with all necessary dental procedures.
- If I cannot be reached by phone, I do not authorize any unforeseen dental procedures.

Your signature confirms that you have read this information and understand it. At any time during your pet's treatment, you may ask for an updated estimate. Thank you for your confidence in us.

Client Signature

Date

Pet's Name