

Dental Admission Form

Date _____ Time _____

Pet name _____ Client Name _____

Telephone numbers at which you may be reached at any time today _____

1) Nature of Dental Work

- a) Routine dentistry and fluoride polish with anesthesia
- b) Routine dentistry and fluoride polish with IV sedation
- c) Oral surgery. Explain the nature _____

2) For your pet's safety we require a complete physical examination by our doctor within the previous 12 months. For pets under 5 years of age, we strongly recommend a current blood test. For pets over 5 years of age, we require it. Vaccinations/titers must also be current.

Exam date: _____ Fee if needed: _____

Vaccinate dates: _____ Fee if needed: _____

Blood test dates: _____ Fee if needed: _____

Blood test? Yes _____ No _____

3) When did your pet last have any food or water? _____

4) Options:

- a) Permanent Microchip Identification AVID insertion while under anesthesia.

Yes _____ No _____ Fee: _____

- b) Plaque preventative sealant.

Applied as first coat here? Yes _____ No _____ Fee: _____

If done here, follow-ups suggested at home weekly for 8 weeks. Yes _____ No _____ Fee: _____

5) Are there any additional procedures desired while your pet is under anesthesia or sedation? (Small skin masses, ear care, pedicure, etc.) _____

6) If something unanticipated is found under sedation (infected tooth, oral mass, etc.) we will make every effort to contact you. If we are unable to reach you, would you like the doctor to proceed (as he would with his own pet)? Yes _____ No _____

7) Are there any special anesthetic/medical needs, organ problems, drug reactions or prior problems with anesthesia or sedation? _____ Please explain _____

8) If there is any work done under the gums or any extractions are done we will administer a Post-operative injection to minimize pain. The fee for this will be: _____.

9) Please request a complete estimate if desired before leaving your pet.

Anesthesia safety is a great concern to you and to us. We choose our protocol based on your pet's health, age and breed. We monitor respiration, oxygen saturation and EKG on all patients. We have an intravenous catheter for IV fluids and drug administration, as needed. Additional fees will be applied in the unlikely event of cardiac or respiratory collapse.

Signature _____