ST. ANNA VETERINARY CLINIC, S.C.

DENTAL CHECK-IN FORM

CLIENT/PATIENT LABEL

Date: _____

When did your pet eat or drink last? _____

Is your pet on any medications or supplements? [ ] No [ ] Yes If so, please list: _____

_____

Bloodwork is required. Dentals can be longer anesthetic procedures. For your pet's health, we will run a complete blood count and a chemistry panel.

This form is intended to promote a clearer understanding of the process involved in cleaning your pet's teeth. Please be aware of the following:

- A thorough evaluation of your pet's mouth, teeth, and gums cannot be accomplished without the aid of a general anesthetic.
- Incidental findings, such as tumors and abscessed tooth roots, periodontal (gum) disease, cracked teeth, Of Feline Odontoclastic Resorptive Lesions (a progressive, cavity-like disease in cats) are not uncommon.
- It is frequently necessary to change out treatment plan once the pet is anesthetized.
- Decisions about how to treat a particular problem are highly dependent on your dedication to follow up care, potential costs involved, aesthetics, and relative anesthetic risk.
- Certain specialized procedures (i.e. crowns and root canals) are not provided at our facility, but are available through veterinarians that specialize in dentistry. These procedures are usually comparable, or more expensive than the same procedures in people. We can refer you to a veterinary dental specialist for follow up care, if you do so desire.
- Certain disease processes are progressive and it is our intent to minimize pain. Therefore, we may elect to perform procedures that will avoid unnecessary pain in the future. (i.e. we may extract a tooth that is not yet loose, but has significant bone loss around it.)
- The removal of some teeth may result in unavoidable consequences, such as jaw fractures, or an inability of the pet to keep its tongue in the mouth.

Do you want us to update your pet's vaccines and tests today? [ ] No [ ] Yes

Please circle any additional items that you would like us to examine while your pet is with us:
Eyes – Ears – Nails – Skin Problems – Anal Glands – Fleas/Ticks – Lumps

We do sell a variety of dental products. These items will help with preventing plaque and tartar build up in the future. Water Additives, Dental Chews, Toothbrush/Toothpaste, Specialty Foods

If any external parasites are observed on your pet today, he/she will receive treatment at owner's expense.

Medical and/or Surgical Release:

I certify that I own the above described animal and I do hereby consent and authorize the St. Anna Veterinary Clinic to hospitalize my pet, administer vaccinations, medications, tests, surgical procedures, anesthetics, or treatments that the Doctors deem necessary for the health, safety or well-being of the above animal while it is under their care and supervision.

If my pet should injure itself, refuse food, soil itself, become ill or die while in the hospital, I will hold the St. Anna Veterinary Clinic, S.C., and staff free of any responsibility and/or liability in the absence of gross negligence.

Risks of routine surgery: blood loss, infection, reopening of the incision (dehiscence) and complications of anesthesia including death.

Other:_____

The nature of such service has been described to me to my satisfaction and I understand that some risks always exist with anesthesia and/or surgery, if this is what my pet needs. I am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedure(s) are initiated. I realize neither the guarantee nor warranty can ethically or professionally be made regarding the results or cure.

_____ I have received a written estimate and had the likely fees explained to me. I understand that there may be unforeseen complications and that further treatment may be necessary during hospitalization.

I accept and assume full and total financial responsibility for any and all services rendered by the clinic, its staff or employees in the treatment of the above described animal and agree to pay the fees at the time of my pet's discharge or other demise.

Hospital Policies

1. **Accounts are payable in full at the time your pet is released from the Clinic. Cash, Checks, Credit Cards (Visa, MasterCard American Express), and Care Credit are accepted.**
2. **I understand that if a friend or family member picks up my pet at discharge that I am required to send payment in full with that person.**
3. If your pet requires hospitalization the adult owner shall give written permission to the doctor to perform the necessary services.
4. Fees are for Current services only and do not include follow Up Care.

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I have read the above Policy. By signing this form I agree to all of the above terms and conditions.

Owner signature_____ Date: _____

Phone Number for today_____

What time are you available to pick up your pet?_____

***Please keep in mind that we close at 4pm and payment is due at the time of service.*