DENTAL CHECK-IN
FORM

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

What time are you available to pick up your pet?

Phone number for today:

Date:

Owner Signature:

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

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 member of my family member picks up my pet at discharge that I am required to show identification as to who is picking up my pet.

3. If you do not require hospitalization the , and you give written permission to the doctor to perform all necessary services.

4. Fees are for current services only and do not include follow-up care.

Hospital Policies

I understand and agree to all the above terms and conditions.

Other:

Other.

Anesthesia and/or Surgery: C. S.

Risks of Routine Surgery: Blood loss, Infection, Reopening of Incision (dehiscence) and complications of anesthesia.

Medicare.

If my pet should become ill or injured while in the hospital, I will hold the veterinary clinic harmless for any expenses incurred.

Medical and/or Surgical Release:

Anesthesia and/or Surgery:

Veterinary Services:

Veterinarian:

I hereby request the above described animal be treated for the above.

I understand that it may be necessary during hospitalization for employees of the veterinary clinic to perform all necessary services.

I have received a written estimate and understand that under my care, and assume full and total financial responsibility for any and all services rendered by the clinic, its staff

I understand that the above described animal and agree to pay the fees at the time of my pet's discharge or other demise.

I understand, that if necessary, complications may arise.

I have received a written estimate and understand the risks of anesthesia and/or surgery.

I have reviewed my pet's medical record and understand that some risks exist.

I have received a written estimate and understand that my pet may have additional treatments that the doctor deems necessary for the health, safety of well-being of the above animal while it is in the veterinary clinic.