

DENTAL ADMITTING FORM

CLIENT NAME: _____ PATIENT NAME: _____

YES NO

- Are Vaccinations Current? If not, what is due? _____
- Any Vomiting, Coughing, Sneezing, Diarrhea, change in attitude/appetite? _____
- Did Your Pet Eat This Morning?

EXTRACTION & OTHER PROCEDURES CONSENT / WAIVER

Please initial:

_____ **Please, perform** whatever procedures and/or extractions are required at this time.

_____ **Please, call me** before any other procedures, radiographs or extractions are performed.

_____ **Other procedures** to be performed at this time: _____

RADIOGRAPHS

_____ **I DO** _____ **DO NOT** authorize the recommended dental radiographs at a cost of **\$75.00(DOGS)** and **\$60.00(CATS)**

PRE-ANESTHETIC SCREENING AND POST-OP PAIN MEDICINE CONSENT / WAIVER

Many conditions, including disorders of the kidneys, liver, heart & blood cannot be detected without blood lab screening and heart electrocardiograms. For these reasons, we highly recommend pre-operative screening before sedating your pet. Also, sometimes pain medicine may be necessary after tooth extractions.

_____ **I DO** _____ **DO NOT** authorize the recommended Presurgical Blood Screen at a cost of **\$65.00**. I understand and assume all responsibility for additional risks/complications resulting from refusal to approve this pre-sedation blood screening for my pet's safety.

_____ **I DO** _____ **DO NOT** authorize Post-Operative Pain Medicine at a cost of **\$ 34.50**.

OWNER RELEASE

You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that all sedation/anesthesia involves some minimal risk to my pet, but you will not be held liable in any manner whatsoever or under any circumstances in connection therewith as it is thoroughly understood that I assume all risks. I have read the foregoing and agree.

Owner/Agent Signature: _____ Date: _____

Home phone: _____ Work/Cell Phone: _____ Checked in by _____