

AUTHORIZATION for DENTAL PROPHYLAXIS & TREATMENT



Owner's Name: _____

Pet's Name: _____

Date: _____

How may we reach you today? _____

Any address, phone or employment corrections?

Yes No

Release time scheduled

I hereby authorize Ingersoll Animal Hospital to perform a dental prophylaxis/periodontal debridement or teeth cleaning on my pet (named above) and any additional diagnostic and/or treatment procedures as deemed necessary.

As a safety precaution, my pet will be administered intravenous fluids, to facilitate treatment in the event of adverse reactions. The nature of the procedure(s) has/have been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risk involved in these procedures. I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. Please initial the appropriate space(s) below.

_____ I approve routine full mouth dental X-rays at a cost of **\$56.75** (please initial)

_____ I approve any extractions, x-rays or procedures deemed necessary while my pet is under anesthesia, at an additional fee. (We will make every attempt to contact you, however, if you are unavailable, we will proceed while your pet is under anesthesia.) (please initial)

_____ I authorize pain medication if deemed necessary, at an additional fee.
(Only routinely recommended when extractions are performed.) (please initial)

PRE-ANESTHESIA EVALUATION

For the protection of your pet, we highly recommend a pre-anesthesia blood profile be performed. This will insure that your pet is in a low risk category during anesthesia by ruling out pre-existing internal problems that **MAY NOT BE EVIDENT PHYSICALLY**, but could possibly lead to complications.

_____ I approve pre-anesthesia blood work for my pet. (please initial)

_____ **Healthy Pet Under Five Years of Age – \$33.00**

Packed Cell Volume (Hemocrit), Total Protein, Kidney Function (BUN)

_____ **Healthy Pets Five to Eight Years of Age – \$64.20**

Complete Blood Count (CBC), Kidney Function (BUN), Blood Sugar (Glucose)

_____ **Pets Over Eight Years of Age – \$101.50**

Complete Blood Count (CBC), Complete Organ Chemistry Profile, Electrolytes

_____ I approve a senior wellness examination and blood work **Feline – \$192.50**
Canine – \$219.25 (please initial)

_____ I decline pre-anesthesia blood work on my pet, fully understanding that there is an increased risk during anesthesia without the Veterinarian having full knowledge of my pet's medical health.
(please initial)

Client Signature: _____

Date: _____

