

|)ental | l Procedur | e Relea | se Form |
|--------|------------|---------|---------|
| | | | |

Date: _____

| Client First and Last Name | _ Pets Name | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|--|--|
| Address | _ Phone# | | | |
| | | | | |
| All pets that present for elective procedures are required to be up to date on the following: Dogs- Rabies, DHPP, Leptospirosis, Bordetella, Influenza vaccines and negative intestinal parasite exam. Cats- Rabies, FRCP vaccines and negative intestinal parasite exam. | | | | |
| Dental Procedure Release Form | | | | |
| I authorize the performance of the following procedures: | | | | |
| Routine Adult Dental Scaling/ Polishing/ Fluoride Treatment | | | | |
| Juvenile Dental Prophylaxis-Includes a tooth brushing, polishing, fluoride treatment and Oravet application, for pets 6 months of age and younger. Cost is \$42.37 if performed at the same time as another anesthetic procedure. | | | | |
| Oravet Application-A product that acts like a wax and produces a negative charge on teeth to repel plaque, keeping teeth and gums cleaner and healthier for a longer period of time. Cost is \$30.12 with a Routine Adult Dental Scaling/ Polishing/ Fluoride Treatment. | | | | |
| Oravet Take Home Kit- There are 8 applications of the above product. Cost \$33.10 | | | | |
| Tooth/ Teeth Extraction if Needed | | | | |
| Dental X-Rays- Full Mouth- Dental x-rays, just as for humans, allow your veterinarian to diagnose and monitor disease of your pet's mouth, as well as to formulate an individual treatment plan for your pet. A full mouth set is \$85.87. | | | | |
| Individual Dental X-Ray if Needed | | | | |
| Doxirobe Application-Used for pets with periodontal disease, it actually causes gum tissue to reattach to the tooth, helping to prevent tooth loss. Cost is \$73.59. | | | | |

- 1. Lack of patient cooperation can impair visualization, especially of back teeth.
- 2. Many periodontal problems can be detected only by probing under the gum with an instrument.

Factors that limit our ability to detect every dental problem your pet may have with just an oral exam

3. Dental tartar can hide underlying cavities or fractures.

may include:

| Cell Phone: | | |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Home: | Work: | |
| Client's Signature Phone Numbers where I ca | n be reached today, p | please circle the first number to call: |
| A. Clean and Treat Eagle B. Feline Leukemia a C. Fecal Analysis D. Heartworm Test(S for dogs over 6 more | nd FIV Test Strongly advised | E. RESQ Tracking SystemF. Remove Dewclaws- Front and/or RearG. Growth Removal |
| Are there any other treatm | nents or procedures y | ou would like your pet to have today? |
| additional pain medication when (s)he recovers from a | (other than general a anesthesia. Pain medi rocedures. The cost ra ved | gum) disease can be painful. I have been offered anesthesia) to help make my pet more comfortable cation will only be given if needed, and it is required anges from \$20-\$45 for this medication. |
| | • | iogram (EKG) for my pet at a cost of \$31.23. This will of the heart that may cause problems with anesthesia. |
| | | en at the cost of \$72.69. This will inform the doctor of ell as the general health of my pet. |
| | tions have been fully | ible alternative methods of treatment, risks involved, explained to me. I acknowledge that no guarantee or may be obtained. |
| require another anesthetic Should an emergency contemplated, I further red the administration and use | episode to complete varise calling for proc quest and authorize we of anesthesia. I agree | and that any additional dental work needed will the dental treatment. edures in addition to or different from those now whatever emergency treatment is needed. I consent to be to pay in full for all services rendered including those ications or otherwise unforeseen circumstances. |
| Perform whatever p | rocedures are needed | l. |
| Please Contact me a If I can't be reached by pho | • | pelow before doing any additional dental procedures. Inder anesthesia, then |
| • | ected while your pet ed to give my pet a he | is under anesthesia, how should they be handled? ealthy oral cavity. |