

Mono Way Veterinary Hospital

DENTAL FORM

Client: _____

Date: _____

Patient: _____

PHONE NUMBERS WHERE YOU MAY BE REACHED TODAY:

1. _____ 2. _____

The dental includes anesthesia, a cleaning and polish. (Please note that antibiotics may be sent home at the Doctor's discretion for an additional fee.) Once the animal is anesthetized, it is much easier to get a better look at the whole inside of the mouth. Some issues that may be discovered are listed below and **are an additional cost.**

PLEASE INDICATE IF YOU APPROVE OR DECLINE TREATMENT FOR THESE ISSUES:

X-rays: one tooth up to full mouth. Call me first Approve Decline

Extractions: one or more teeth may need to be extracted. Call me first Approve Decline

*Endodontics can also be arranged by referral to a specialist.

Growth Removal: growths may be discovered in the mouth. Call me first Approve Decline

Additionally, please indicate if you would like the following services: **PLEASE NOTE THAT IT IS HIGHLY RECOMMENDED FOR ALL PATIENTS 7 YEARS AND OLDER TO HAVE PRE-OPERATIVE BLOOD WORK AND AN IV CATHETER WITH FLUID THERAPY.**

BLOOD WORK

Your pet has been presented today for anesthesia in conjunction with dental work. We highly recommend performing a pre-anesthetic blood profile to assess internal organ function prior to the administration of any such drugs, especially for older animals. This will ensure that he is in a low risk category during anesthesia by ruling out any pre-existing internal problems that **may not be evident outwardly**, but could possibly lead to complications. There is an additional \$ 61.21 fee for these important blood tests. \$ 48.76 for IV Fluids

I APPROVE bloodwork

I DECLINE bloodwork

I APPROVE IV Fluids

I DECLINE IV FLuids

POST-DENTAL PAIN MEDICATION

We believe that relief from pain and discomfort is extremely important to our patient's well-being. There is an additional fee of **\$20.00 to \$60.00** for pain relief medication. Please indicate below if you want your pet to receive pain medication if deemed necessary by the Doctor.

I APPROVE pain medication if necessary

I DECLINE pain medication

Is your pet currently taking any medications? Yes No If Yes, please list below:

1. _____ 2. _____ 3. _____

Important medical history/ongoing conditions: _____

Is your pet on **heartworm preventative**? Yes, monthly Yes, but not regularly No

I, the undersigned owner or authorized agent of the above referenced admitted patient, hereby authorize Mono Way Veterinary Hospital to administer such treatment as is deemed necessary by the doctors. I also consent to the administration of such anesthetics as necessary. I understand that my pet will be examined for external parasites and treated accordingly at my expense. The success of any surgical or medical treatment cannot be hereby expressed or implied.

Signature: _____

Date: _____