

# NORTHGATE ANIMAL HOSPITAL DENTAL ADMITTING FORM

## OWNERS CONSENT FOR ANESTHESIA AND TEETH CLEANING:

DATE: \_\_\_\_\_ CLIENT NAME: \_\_\_\_\_ PET NAME: \_\_\_\_\_

PROCEDURE: \_\_\_\_\_

I am the owner or agent of the owner of the above named pet and hereby authorize the performance of this procedure. I understand that unforeseen conditions may necessitate an extension of the procedure or a different procedure and therefore authorize such procedures as necessary in the professional judgment of the veterinarian. I authorize the use of appropriate anesthetics and medications. I have been advised of the nature of the procedure and I understand that while every effort will be made to provide the best care for my pet, results cannot always be guaranteed. We recommend that certain laboratory tests be performed on patients before general anesthesia to assess their risk category.

Your pet is scheduled for a teeth cleaning today. This includes anesthesia, teeth cleaning, oral exam, polishing and fluoride treatment. After cleaning, we sometimes find teeth that need additional care or extraction. In the event that teeth need to be extracted or another procedure performed, we will call you or you can preauthorize extractions if needed.

( ) If teeth need to be extracted, you have my permission to do so without contacting me. I understand there will be additional charges associated above the regular teeth cleaning fees.

( ) I do not want any teeth extracted unless I am called and authorize the extractions. I understand that if I am unable to be reached the teeth will not be extracted and I will need to schedule another appointment to take care of the additional unhealthy teeth.

**BLOODWORK:** We recommend that pets under 9 years of age have pre-operative blood tests (mini-chemistry & PCV). It is not required, but if you would like to authorize these tests an additional fee of \$57.30 will be added.

**I (check one) DO ( ) DO NOT ( ) want pre-operative blood tests.**

Please note: Pets 9 years and over are required to have pre-anesthetic blood work (chemistry & PCV) and will be placed on IV fluids. The total costs of these procedures are \$158.00.

**LASER SURGERY:** Laser surgery reduces pain, swelling, and bleeding during and after surgery. This procedure is available for an additional fee of \$71.00. **IDO ( ) DO NOT ( ) want laser.**

**Pain medication will be prescribed for your pet if needed and is an additional fee above the surgery cost.**

**TREATMENT:** While your pet is here, if we see a problem that needs to be treated such as an ear infection, skin allergy, etc. do we have authorization to treat your pet. The additional treatments will be at additional costs based on what is needed. If you need to be notified first, please give us a current phone number.

**OK TO TREAT ( ) CALL FIRST ( ) phone number \_\_\_\_\_**

**MEDICATIONS:** Is your pet on any medications, supplements, or preventatives? When was the last dose given?

**LIST MEDICATION AND TIMES GIVEN: \_\_\_\_\_**

**MICROCHIP:** Microchipping your pet places an identification chip with coordinating number under the skin. The number is then registered to you through Home Again and if your pet is lost can assist in returning them home. The fee for the microchip is \$66.20 with a separate fee to Home Again Pet Recovery for \$19.99 to register your pet in the national database. **IDO ( ) DO NOT ( ) want my pet microchipped.**

**FLEAS:** Pets with fleas will be treated with an in hospital product at an additional cost. If you have recently treated your pet for fleas, please inform us of what product used and when you applied it. \_\_\_\_\_

**HOW WILL YOU BE PAYING FOR SERVICES TODAY? CASH ( ) CHECK ( ) CREDIT CARD ( ) CARE CREDIT ( )**

**All fees must be paid in full at the time of release unless other arrangements are made in advance. I have read the above information; I understand and agree to the conditions and policies of Northgate Animal Hospital.**

**Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_**

**Phone number where you can be reached today \_\_\_\_\_**

**You will be called if there is an emergency or further concern regarding your pet.**

**Would you like a text message (data rates may apply) when your pet is done with their procedure? IDO ( ) I DO NOT ( )**