	<b>Dental Adn</b>	nitting Form	Date:
Client Name:         Client # (Clinic Use Only)			
Patient:Birthday/Age	: Breed:	Gender:	Color:
Procedure:	Weight:		
**Extractions: Please proceed, r	no call necessa		ions: Please call prior to extractions. number required:
In Hospital flea prevention (\$8.***Fleas can transmit disease - if we fleas. This is for the protection of all monthly topical flea treatment to prevention.	find <b>Live</b> fleas o	ould then be neces	administer 1 Capstar orally to kill the ssary for you to treat your pet with a
Medical History:			
Did your pet eat this morning? Yes [ **If yes, list:			any medications? Yes  No  s:
Are your pet's vaccinations current?	Yes 🗌 No 🗌	If no would you	like them updated today? Yes ☐ No ☐
Elective Procedure(s) or Product(s):			
	. Collars range i	n size and cost.\$4.	pet will not be able to lick, groom or chew .30 for smallest up to \$7.90 for the largest. nk you, I already have one.
☐ Flush and clean ears (\$18.00)		Flush & clean w/ea	ar cytology (\$34.20)
Express anal glands (\$6.40)		Toe Nail Trim (\$6.2	23)
☐ Microchip "Pet ID" (\$39.80)		Misc. Optional Pro	cedure or Product
☐ Fecal exam for parasites/Giardia	(\$42.00) **Tests	for internal parasites	**
exam prior to sedating your pet. How	ur pet's well-bein vever, many discout blood tests.	ng. A veterinarian orders of the kidney Therefore, we reco	will perform a comprehensive physical /s and liver, which are essential to safe mmend an in-house pre-surgical blood od test
	/ treatments if ne ditions, or geriati	eeded. It is advisatric patients.	ssure, eliminate anesthetic drugs, and ble for pets with a history of difficulty under
**Propofol is a quick and easily metadifficulty with anesthetic drugs, pre-e  I accept (\$36.50) I decline F	xisting medical c		mmended for any pet with a history of ric patients.
guarantee has been either expressed an emergency, I authorize doctors ar communication with me. I will not h	nesthesia is invo d or implied rega nd staff to perform old the doctors o	rding complications m any life saving pl or staff liable for an	vays inherent risks, including death and no s or outcome. Furthermore, in the event of rocedures deemed necessary until further y complications. I certify that I understand n and I assume full financial responsibility