

Dental Consent Form

Owner: _____ Date: _____
 Pet's Name: _____ Age: _____
 Emergency Contact Phone Number: _____

If we cannot reach you, and a procedure needs to be performed it will be done and charges will appear on your bill.

As the owner or agent of the owner of the above animal, I hereby give my consent to Appalachian Animal Hospital to perform the following procedures:

*** _____

Is your pet currently on any medications: _____

If yes, what kind and when was their last dose: _____

While I expect all procedures to be performed to the best of the staff's abilities, I realize the hospital makes no guarantee or warranty regarding the results. If my animal should injure it self, escape, fail to eat, become ill, or die, I will not hold Appalachian Animal Hospital or its employees responsible. I expect the hospital to use reasonable precautions to ensure my pet's safety.

I agree to pay in full when my pet is discharged.

ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNER'S EXPENSE.

Like you, our greatest concern is the well being of your pet. Occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic physical examinations. To avoid these problems, we recommend that all of these cases be screened prior to anesthesia by means of the following laboratory tests. Please indicate below which test(s) you approve or decline.

| TEST: | PRICE | | |
|--|---------|----------------------------------|----------------------------------|
| Pre-anesthetic profile (PAP)- | | | |
| *For healthy patients under 8 yrs. of age | \$59.00 | <input type="checkbox"/> APPROVE | <input type="checkbox"/> DECLINE |
| General Health Profile (GHP) | | | |
| *For Sick/Senior patients over 8 yrs. of age | \$84.00 | <input type="checkbox"/> APPROVE | <input type="checkbox"/> DECLINE |
| Heartworm Test-Dogs Only | | | |
| *Heartworm's can damage heart and lungs | \$36.00 | <input type="checkbox"/> APPROVE | <input type="checkbox"/> DECLINE |
| FELV/FIV Test-Cats Only | \$44.00 | <input type="checkbox"/> APPROVE | <input type="checkbox"/> DECLINE |

Surgery can be both invasive and painful. We strongly recommend pain medication to control pain and inflammation, which helps your pet heal faster.

- *Pain Injection (24 hours) \$23.00-26.00 APPROVE DECLINE
- *Pain medication to go home \$15.00-25.00 APPROVE DECLINE

Dental Radiography shows underlying problems not seen on oral exam. Some underlying problems include abscesses, destructive cysts, fractures, or retained teeth.

- *Dental X-Rays \$50.00 APPROVE DECLINE

An Intravenous Catheter is strongly recommended for senior patients or patients undergoing anesthesia for a long period of time. This insures that if there are any complications with surgery such as a slowed heartbeat, emergency medicine can be administered directly into the vein.

- *Intravenous Catheter and IV Fluids \$72.00 APPROVE DECLINE

A new vaccination, Porphyromonas Vaccine prevents bacteria growth underneath the gum line and may prolong the time needed between dentals and prevent dental disease. It will need to be boosted in 3 weeks. *** DOGS ONLY ***

- *Porphyromonas Vaccine \$24.00 APPROVE DECLINE

A treatment to further prevent dental disease is Doxyrobe. Doxyrobe fills pockets in the gumline to prevent bacterial growth.

- *Doxyrobe Treatment \$31.00-52.00 APPROVE DECLINE

If your pet is ever lost or stolen a microchip, permanent identification, can return him home safely

- *Microchip \$54.00 APPROVE DECLINE

Signature of owner: _____ Date: _____

Staff use only
 Receptionist: _____

Oral Surgery Times
 Left Side Time: _____
 Right Side Time: _____