## MEMORIAL BEACH VETERINARY HOSPITAL DENTAL CONSENT

A basic dental prophylaxis includes the following:

Pre-anesthetic Injection

Anesthetic induction

General Anesthesia Isoflurane

**Complete Dental Examination** 

Dental Scaling, Polishing, & Flouride

Antibiotic Injection

Owner

**Hospitalization and Recovery** 

**Total Dental Cost** \$ 698.00 **Dental Days Discount** <\$ 349.00> Total on Dental Day \$349.00

BASIC CARE & DIAGNOSTICS: No Dental Will Be Performed Without The Authorization Of The Followin
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		Dental Will Be Performed W			
•	appropriate therapy.	u ii an orai exam is msumciem	to discover the full	extent of disease & to determine <b>Initial</b>	
		needed to determine extent of disc	ease @ \$ 49.00 each		
•	Loose teeth act like sp		ection & dissolve bon	e (sometimes leading to fractured	
	I authorize extraction	of loose teeth @ \$ 24.50 each		(required)	
ANESTH	ETIC SAFETY:				
•	Pre-anesthetic Blood	Profile			
	This testing will insure	that your pet is in a low risk cate	gory during anesthesi	a by ruling out internal problems	
		ally, but could lead to complication	ons. Highly recommer	nded for pets of any age. The fee	
for t	hese tests is \$83.00				
	I authorize above testi				
	I do not authorize abo	ve testing			
•	IV Safety				
		fluids is the standard of care for			
				ended for any age & required for	
pets (		is is offered at a <b>discounted fee</b> of			
	I authorize above IV s	•	(required if 6 y	yrs or older)	
	I do not authorize abo	ve IV safety			
SURGICA	AL EXTRACTIONS & OTH	ER PROCEDURES:			
Frequently oral surgery is required to extract teeth that are not easily removed. Surgical extractions can range from					
	\$93 to @ \$245.00 per tooth and require pain meds and/or antibiotics. In the event that more involved procedures				
are required than authorized above or on estimate (oral surgery of deep rooted teeth, filling of cavities, etc.), I authorize					
	the veterinarian to do one of the following: <b>Please check only one</b> :  A. Do whatever is deemed to be in my pet's best interest.				
<b>u</b> F	A. Do whatever is deemed	to be in my pet's best interest.			
<b></b>	3. Try to reach me at my n	umber below, but if unable, do w	hat's deemed in my p	et's best interest.	
	,	,	7.1		
every		ve procedures without contacting reach you during the anesthesi		is box we may not be able to do an additional anesthesia at a	
Phor	ne # Primary	2ndary	(Usually be	tween 9:00 AM & 1:00 PM)	

Pet Date

Signature of Owner or Authorized Agent\_\_\_\_\_