

# Dental Authorization Form

All Creatures Veterinary Hospital



Date \_\_\_\_\_ Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Have you withheld food and water since at least midnight? \_\_\_\_\_ Yes \_\_\_\_\_ No

Prior to fasting, has your pet been eating, drinking, and going to the bathroom normally? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your pet have any problems that we need to be made aware of prior to surgery? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

## Pre-anesthetic testing consent

Our caring staff members want to ensure your pet's well-being. A veterinarian will perform a comprehensive physical exam before sedating your pet. However, many disorders of the kidneys, liver, and blood can't be detected without blood tests. That's why we strongly recommend performing a pre-surgical screening before sedating your pet. Please check the options below:

- I DO
- I DO NOT authorize the recommended pre-surgical blood screen for \$105.00. I assume all responsibility for additional risks or complications resulting from my refusal to approve this blood screen for my pet's safety.

## Consent to perform extractions and necessary procedures

During the procedure, each tooth must be carefully evaluated so the veterinarian can choose the best treatment. Please see below for options concerning extractions which are only performed with consent and if absolutely necessary. If multiple extractions are necessary, then your pet may need to be scheduled for a follow-up for additional extractions to reduce time under anesthesia.

**\*PLEASE ONLY CHECK ONE OF THE OPTIONS BELOW\***

- Perform any necessary procedures and extractions at this time. (Regular Tooth Extraction \$11.00/tooth, Extraction difficult \$54.00/tooth, Surgical removal of tooth \$110)
- Perform necessary procedures and extractions up to \$\_\_\_\_\_.
- Provide only the requested dental cleaning at this time.
- Call me after the dental exam and provide an estimate of any additional procedures. Do not proceed without authorization.  
**\*PLEASE BE AVAILABLE TO ANSWER AS YOUR PET WILL BE UNDER ANESTHESIA\***  
Phone number to reach you at after oral exam \_\_\_\_\_
- DO NOT pull any teeth

## Pain Medicine

It has been shown that the use of pain medication promotes faster healing and recovery. Therefore, in addition to anesthesia, pain medication is recommended for all surgical procedures.

Would you like your pet to receive a pain relief injection with surgery? (\$25) \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you like pain medication sent home with your pet? (Price Varies) \_\_\_\_\_ Yes \_\_\_\_\_ No

## Dental X-RAY

**80% of dogs and 70% of cats** over 3 years old have dental disease. Often disease lies deep below the gum line and may not be obvious upon oral exam. Because teeth may look healthy and have hidden disease such as infection and decay, we recommend dental x-rays to look for these problems.

Please check one of the options below:

\_\_\_\_\_ Yes \_\_\_\_\_ No Please take dental x-rays of all teeth \$125(0-40 pounds) and \$145(40 pounds and over)

**MICROCHIP**

We recommend having your pet microchipped while under anesthesia. Registration is 100% free! When microchipped, cats are 20 times and dogs 2 1/2 times more likely to be returned home.

Would you like your pet to be microchipped? (\$30)     Yes     No

If yes, we will need an email to register your pet: \_\_\_\_\_

**Dental Sealant**

We now offer a 6 month dental sealant to help keep the teeth cleaner longer. It is a clear sealant applied at the gumline to help against the formation of plaque. Cats and dogs up to 40 pounds is \$60 and 41 pounds and over is \$80.

Yes     No

**\*PLEASE FILL OUT IF YOUR PET IS HAVING A GROWTH REMOVED\* *\*Please have growth marked\****

Yes     No    Has your pet been scheduled to have a growth removed today with the dental procedure?

Yes     No    If yes, would you like the growth sent to the lab for identification (biopsied) - \$150-\$189

**FOR ALL SURGICAL PROCEDURES WHICH REQUIRE SUTURES WE STRONGLY RECOMMEND THAT YOU TAKE AN E-COLLAR OR MEDICAL PET SHIRT HOME FOR YOUR PET. IF YOUR PET HAS TO COME BACK DUE TO LICKING OR CHEWING AT THE INCISION AND YOU HAVE CHOSEN NOT TO TAKE AN E-COLLAR YOU WILL BE RESPONSIBLE FOR ALL CHARGES.**

**WOULD YOU LIKE AN E-COLLAR SENT HOME WITH YOUR PET TODAY? \$20.00                     YES     NO**

**or**

**WOULD YOU LIKE A MEDICAL PET SHIRT SENT HOME WITH YOUR PET TODAY? \$30.00                     YES     NO**

**Other Procedures**

Yes     No    Please trim my pet's nails if indicated- No charge

Yes     No    Please perform a fecal exam- No charge

Yes     No    Please clean my pet's ears- \$12.50

Yes     No    Please express my pet's anal glands- \$15.00

Yes     No    Other procedures to be performed \_\_\_\_\_

**Phone**

You will be contacted if any complications should arise during surgery. You will be contacted with an update of your pet's status once your pet is out of surgery and in recovery. Please leave a number that we can reach today.

I hereby give my permission to the Doctor(s) and Staff of All Creatures Veterinary Hospital, Mountain Home, perform the above procedures(s). I understand that sedation and/or anesthesia will be necessary in order to perform the(se) procedure(s). I understand that any time under sedation, anesthesia, or above listed medical procedure(s) are performed there is some risk to my pet. I realize that no guarantee can ethically be made regarding the results of the(se) procedure(s). I understand that I assume financial responsibility for all services rendered and that payment is due on the date of the surgery.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**