

Dental Authorization Form

All Creatures Veterinary Hospital

Main Hospital

4549 Hwy. 62 West
Mountain Home, AR 72653
(870) 425-5175

Lakeside Hospital

5419 Hwy. 62 East
Mountain Home, AR 72653
(870) 492-2058

Midway Animal Clinic

84 CR 1083
Midway, AR 72651
(870) 481-6369



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: _____

PRESURGICAL BLOODWORK: Occasional problems can arise due to pre-existing conditions of the liver and kidneys. To avoid these problems, we recommend that your pet be screened upon admission by means of a blood test.

Would you like your pet to have pre-surgical bloodwork? (\$105) _____ Yes _____ No

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 clean 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

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- \$17

Yes No Please express my pet's anal glands- \$17

Yes No Other procedures to be performed _____

Post Surgery Nausea & Vomiting

Some patients experience nausea and vomiting when coming out of anesthesia during their surgical procedure, if this occurs we will administer an anti-nausea injection at your expense and prices vary depending on the weight of the patient.

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