

Coats Veterinary Hospital, P.A.

DENTAL CLINIC

Owner's Name _____ Animal's Name _____

I, being responsible for the above animal, have the authority to grant you my consent to receive, prescribe for, treat and/or operate upon my pet. I understand the surgery or treatment contemplated is:

K-9 Dental _____ Feline Dental _____

While performing dental examinations and cleaning it may become evident during the procedure that some teeth are loose or may have severe bone or gum disease and may require treatment or extraction.

(_____) The doctor has my permission to perform any necessary extractions or treatments.

(No estimate required.)

(_____) I would like the doctor to call me prior to performing any necessary extractions and provide an estimate on the cost of any necessary extractions.

Coats Veterinary Hospital will use all reasonable precautions against injury, escape, or death of my pet, but will not be held liable or responsible in any manner in connection therewith as it is understood that I assume all risks.

Bloodwork. Because no surgery is without risk, we recommend doing standard bloodwork to minimize chances of your pet having problems with the anesthesia and surgery. These tests determine: 1) the condition of your pet's kidneys, which are very important in removing the medications we use to put your pet under anesthesia, 2) protein levels in the blood, which are directly related to your pet's ability to heal, and 3) blood counts are taken to ensure that your pet is not anemic or suffering from a problem affecting the red blood cells and subsequently, their ability to perform their job.

For animals less than six (6) years of age \$34.00 For animals over six (6) years of age \$44.00

() Yes, I want my pet to have the recommended tests prior to surgery.

() No, I wish to decline having the tests prior to surgery.

Pain Medication. All pets receive some form of pre-operative pain medication while here in the hospital.

ORAL TAKE-HOME PAIN MEDICATION: If you would like take-home pain medication, please check **one** box below and they will be given to you upon discharge. The pain medication ranges from \$15 to \$20.

() Yes, I want my pet to have take-home pain medication. () No, I wish to decline having take-home medication.

INJECTABLE IN-HOSPITAL PAIN MEDICATION: We realize some pets may not allow you to give them oral pain medication once home. For this reason, we offer a post-operative pain injection, which offers six (6) hours of post-operative pain relief. We also offer this because some pets are very sensitive to pain. If you would like for your pet to receive a pain injection post-operatively, please indicate below. This injection ranges from \$15 to \$30 depending on weight.

() Yes, I want my pet to have a post-operative pain injection. () No, I wish to decline my pet receiving a post-operative pain injection.

Additionally, if we deem it medically necessary, your pet may receive fluid administration at doctor's discretion. This fee may vary. By signing below, you consent to fluid treatment, if necessary.

All charges will be paid upon release from the hospital. After carefully reading the above, I have signed in agreement.

Owner or responsible party

Date

Phone # where you can be reached today

Digital dental radiography is now included and incorporated into the cost of your pet's dental cleaning. Your pet's results will be discussed with you upon discharge. These x-rays will be used to monitor your pet's oral health and to help determine future dental care and subsequent cleanings. They will also be used to determine referrals for root canals or other endodontic care or to assess tooth health before extraction.