



Acct # _____

DENTAL CLEANING CONSENT

Owner's Name: _____ **Pet's Name:** _____ **Breed:** _____

When any dental procedure is being performed, it is important to know that the degree of periodontal disease is often best assessed when your pet is under anesthesia.

Factors that limit our ability to detect every dental problem may include:

1. Lack of patient cooperation which can impair visualization (especially back teeth).
2. Dental tartar which can hide underlying fractures.
3. Periodontal problems (deep infected pockets) that can only be detected by probing under the gum with an instrument.

Severe health problems can result from tooth infections. Diseased teeth are often found which could require extraction or other care not performed with a routine dental cleaning.

If you allow it the veterinarian will attempt to identify and extract those teeth that cannot otherwise be saved.

Estimate of cost for *non-surgical/surgical extractions*:

- ❖ 1 tooth simple extraction - \$25
- ❖ 2 teeth simple extractions- \$35
- ❖ 4 teeth simple extractions- \$55
- ❖ 5 teeth or more simple extractions- \$60
- ❖ Dogs with extractions will require an antibiotic to address the infection (\$15 to \$39 on average).
- ❖ Cats with extractions will require an antibiotic injection to address the infection (\$39).
- ❖ Pain injection is highly recommended after an extraction(s) but optional (\$17).

Complex surgical extractions often require prolonged anesthesia and maybe scheduled as a separate procedure for safety reasons.

ADDITIONAL DENTAL COST- Please Initial Your Choices

It is best for us to have authorization now so that we do not have to keep your pet under anesthesia while we are trying to reach you on the phone.

If infected or loose teeth are detected while my pet is under anesthesia (***initial all that apply***).

_____ NO CONDITIONS: Do whatever is necessary for the health of my pet. I need **NOT** be contacted to proceed with dental extractions.

_____ PLEASE TRY TO CONTACT ME at the number provided below. If I cannot be reached while my pet is under anesthesia, continue with the extractions, unless total charges exceed \$_____ at which point I must be contacted before proceeding.

_____ DO NO FURTHER TREATMEN without verbal consent from owner/agent. I realize that if extraction(s) are required at a later time, I will incur further anesthesia and treatment cost.

➤ ***There is an additional charge of \$12 for de-fleaing if your pet is admitted with fleas. Please initial _____***

Please check any additional discounted services you would like done while your pet is admitted for Dental.

- | | | | |
|--|-------------------------|------------------------------|--|
| <input type="checkbox"/> Implant microchip with registration | - \$48 (regularly \$68) | <input type="checkbox"/> Yes | <input type="checkbox"/> No Please Initial _____ |
| <input type="checkbox"/> Nail Trim | - \$10 (regularly \$16) | <input type="checkbox"/> Yes | <input type="checkbox"/> No Please Initial _____ |
| <input type="checkbox"/> Clean Ears | - \$ 9 (regularly \$13) | <input type="checkbox"/> Yes | <input type="checkbox"/> No Please Initial _____ |
| <input type="checkbox"/> Anal Glands | - \$20 (regularly \$25) | <input type="checkbox"/> Yes | <input type="checkbox"/> No Please Initial _____ |

Client/Agent Signature _____ Date _____ Staff member Initial _____