

Owner _____
 Last First Phone # to Contact Today
 Patient Name: _____ Date _____

All patients undergoing a dental procedure are given the following:
 Pre-surgical exam Gas Anesthesia Ultra scaling Injection of a 48-hour antibiotic
 Induction Anesthesia Anesthetic monitoring Fluoride Treatment Subcutaneous fluids

We strongly believe in the importance of making sure that your pet is healthy enough to go under anesthesia. A good way to determine this is to perform blood diagnostic testing. By doing so, we can greatly minimize your pet's risk of complications during this surgical procedure.

I want the appropriate blood test for my pet's age { } Yes
 I decline recommended pre-anesthetic profile and assume anesthesia risk. _____ Initials

It is our belief that pain control is necessary for patients that have surgery. Not only is it more humane to prevent pain, but also it is scientifically proven to shorten the healing and recovery times after surgery. Due to differences in amounts needed by varying sized animals, the cost will vary between \$20.00 and \$24.00.

_____ Approve pain medication _____ Decline pain medication

A sealant can be applied to your pet's teeth to help retard the formation of plaque and tartar. This sealant can be maintained with a weekly application of Oravet gel. The cost of the sealant, its application, and one take-home kit is \$35.00.

_____ Apply Oravet _____ Decline Oravet

We can implant a permanent identification number near the shoulders of your pet. A scanner can read the ID number and should your pet become lost or stolen, Animal Control, emergency clinics and veterinary hospitals can identify your pet and return them to you. The cost is \$70.00 which includes registration.

_____ Implant Microchip _____ Decline Microchip

After all tartar and plaque have been removed, our dental technician uses a special probe to see if there is advanced gum disease or infected teeth. If gum disease or "deep pockets" of infection are found, extractions may be necessary. Additional anesthesia may be needed due to the length of the procedure if extractions are involved.

I wish to be contacted prior to extractions _____ Yes _____ No

If our dental technician cannot contact you at the phone number you left:

_____ I OK the procedures that are necessary for my pet's health
 _____ I do not want any procedures done at that time (it may be necessary to anesthetize again to perform the procedure)

I authorize the Veterinarians of San Gabriel Animal Hospital (and their designated assistants) to administer treatment as needed, perform surgical procedures as deemed necessary, and such additional procedures as are considered therapeutically and/or diagnostically necessary based on findings during the course of evaluation. I consent to the administration of necessary anesthetics. I have read and fully understand the above information. I assume responsibility of care after treatment. I understand all surgeries and anesthesia involve a degree of risk and realize results cannot be guaranteed. I understand that full payment is required when the patient is discharged.

Signature of owner or representative: _____