



Hawks Prairie Veterinary Hospital

Dental Admitting Form

Date: _____ Owner's Name: _____ Pet's Name: _____ Weight: _____
Procedure: _____

Please leave **AT LEAST ONE** contact number where you can be reached today.

Contact Person:	Phone:	Check One:		
1 st _____	_____	Home	Work	Cell
2 nd _____	_____	Home	Work	Cell

Medical History

- Did your pet eat this morning? YES NO
- Is your pet taking any medications? YES NO If yes, what meds/when given last? _____
- Are your pet's vaccinations current? YES NO
- Does your pet have a history of seizures? YES NO

In Hospital Flea Prevention (\$8.00):

*Fleas can transmit diseases with their bites so, for the protection of all our patients, if we find live fleas on your pet we will administer a flea treatment(Capstar®) orally to kill the fleas. Capstar only kills adult fleas present on your pet and has no lasting effect, so it's recommended to treat your pet with a monthly flea treatment to prevent them in the future.

Pre-anesthetic Bloodwork:

*Our caring staff wants to ensure your pet's well-being. A veterinarian will perform a comprehensive physical exam prior to sedating your pet. However, many disorders of the kidneys, liver, heart and blood can't be detected without blood tests. Therefore, we recommend a pre-surgical blood screen prior to anesthesia.

Please initial: YES, I choose pre-anesthetic bloodwork _____ (**\$82.68 to \$103.88, depending on which blood test is recommended**)
NO, I decline pre-anesthetic bloodwork _____

Propofol is a very easy to metabolize anesthetic. It is often recommended for pets over 6 years old, or any pet with a history of difficulty under anesthesia or pre-existing medical conditions.

Please initial: YES, I choose propofol _____ (**\$49.25**)
NO, I decline propofol _____
NOT SURE, please have my doctor decide _____ (I understand there will be a **\$49.25 fee** if my doctor chooses propofol)

Dental Radiographs:

Once your pet is anesthetized, we will perform a comprehensive oral exam to better evaluate your pet's dental health. This exam allows us to determine if there are loose teeth or deep pocketing along the gumline that could indicate periodontal disease. Unfortunately, we cannot assess the health of the tooth roots without the use of dental radiographs(X-rays). X-rays can help us to determine a tooth's health, and if it can be saved or should be extracted.

- YES, I choose to have full mouth radiographs taken of my pet _____ (**\$132.50**)
 YES, I choose to only have radiographs taken of teeth if my doctor has concerns about specific teeth _____
(\$40.91 fee for the first tooth, \$31.56 for each additional tooth)
 NO, I choose to not have radiographs taken of my pet's teeth _____

Dental Extractions:

Our goal is to help your pet have excellent dental health; but sometimes a tooth is beyond salvaging, and can be a constant source of pain. If your pet needs to have a tooth extracted, the cost can range from **\$24.72 to \$65.73**, depending on the type of tooth/difficulty of extraction. If an extraction is needed, how would you like us to proceed?

Initial **ONE** of the following:

1. _____ Extract tooth/teeth as deemed necessary by the doctor (I am aware additional charges will be incurred as a result of this option).

OR

2. _____ Please call me before any extractions are performed. **If I can't be reached immediately while my pet is under anesthesia, then:**

Initial **ONE** of the following

_____ Perform extraction/s that the veterinarian deems necessary (I am aware additional charges will be incurred as a result of this option).

_____ Do only what I have already authorized (I am aware an additional anesthetic procedure may be required at a later time to complete my pet's dental care).

Clindoral

Clindoral is an antibiotic gel that is used in cases of pocketing between the tooth and gum, to help the tooth adhere back to the gum tissue. In some cases, we are able to delay or prevent tooth extraction by using this product (**\$49.50**)

Please initial: YES, I would like Clindoral used if appropriate _____ NO, I decline using Clindoral at this time _____

Sanos Dental Sealant

Sanos is a dental sealant for dogs and cats that seals the gumline against formation of plaque. Clinically proven to last for up to 6 months, it can help extend the benefits of today's dental cleaning. (**Cost for in-hospital application is \$60.58**).

Please initial: YES, I would like Sanos applied _____ NO, I decline having Sanos applied _____

Pain Medications:

Hawks Prairie Veterinary Hospital strongly believes in compassionate, quality medical care for our patients. As a result, all dental patients receive post-operative pain medications to go home with if needed. Pre-emptive pain management helps in patient comfort, speed of healing, quickness of recovery, and appetite post-operatively.

Additional Elective Procedures/Products:

_____ Flush/clean ears (**\$28.58**) [Ear Cytology fee, if needed (**\$25.72**)]

_____ Express anal glands (**\$20.74**)

_____ Microchip (AVID) (**\$56.28**)

_____ Fecal exam for intestinal parasites (**\$58.57**)

_____ Nail trim (**no charge**)

Owner's Release:

Upon picking up my pet, I understand that payment is due in full. Our hospital accepts cash, check, debit, Visa, Mastercard & Care Credit. I understand the anesthetic, surgical, diagnostic or therapeutic procedures may involve risk of complication, injury, or even death, from both known and unknown causes, and no warranty or guarantee has been either expressed or implied as to result or cure. Furthermore, I authorize the hospital staff in an emergency situation, to follow through with such procedures as are necessary for the wellbeing of my pet on a continuing basis until further communication with me. I agree to assume financial responsibility for all routine and emergency services rendered.

My signature below indicates my acknowledgement that (i) I have read and agreed to the above, (ii) the procedure(s) have been explained to my satisfaction and that I have all the information I desire, (iii) I have had a chance to ask questions, and (iv) I authorize and consent to the performance of the procedure(s) and administration of anesthesia.

Owner/Agent Signature: _____

Date: _____