



# DENTAL PROCEDURE RELEASE

Client's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Canine/Feline

Fasted for 8 hours? Yes No

Please list any medications that your pet received in the past 24 hours: \_\_\_\_\_

Other treatments to be performed: \_\_\_\_\_

**Dental Procedure Packages** (please initial next to the package you have chosen):

1. Comprehensive Oral Health Assessment  **(\$356)**

*This package includes a comprehensive physical examination, scaling of teeth to remove plaque and calculus from above and below the gumline, comprehensive oral exam and dental charting by the veterinarian, intravenous catheter, intra-operative IV fluid therapy, complimentary nail trim, post-operative pain injection, post-operative pain medication to give at home.*

Any planned procedures/extractions to be performed and expected total cost.: \_\_\_\_\_

After completion of radiographs, we will attempt to call you to discuss any recommended treatments and/or extractions. Since your pet will be under anesthesia, it is important that we be able to reach you within 5-10 minutes. In the event we are unable to reach you, how would you like us to proceed?

**I choose to decline any recommended procedures.** \_\_\_\_\_

*I understand that the Veterinarian will recommend that my pet go under anesthesia again in the future to have these procedures performed.*

**I would like to proceed with any treatment and extractions recommended by the DVM. I understand this may increase the original estimate, as extractions range from \$50-\$200 per tooth.** \_\_\_\_\_

**I would like to do what is necessary for my pet however I do have a spending limit of :** \_\_\_\_\_

*In this event, our Doctors will proceed with any extractions they deem necessary to your pet's health within the allotted budget.*

2. Dental Clinic  **(\$206)**

*This package includes a limited pre-anesthetic examination, an IV catheter, scaling of teeth to remove plaque and calculus from above and below the gumline, a limited oral exam by a veterinary assistant, and a post-operative pain injection.*

*If any teeth are noted to be diseased by the veterinary assistant, they will be marked on the discharge form for your information. Dental radiographs, extractions, and a full evaluation of your pet's oral health by a veterinarian will not be performed with this option.*

Pre-anesthetic bloodwork is always recommended to evaluate your pet's internal organ function and blood cell counts prior to anesthesia. If bloodwork has not already been performed and you elect not to have it performed today, please initial here:

By signing below, I understand that all surgical and anesthetic procedures have inherent risks and potential complications and that Coats Veterinary Hospital will use all reasonable precautions against injury, escape, and death of my pet. Furthermore, I accept these risks and will not hold Coats Veterinary Hospital or its doctors liable or responsible in any manner should an adverse event occur. I agree that I will pay all charges upon my pet's release from the hospital.

\_\_\_\_\_  
Owner or responsible party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number where we can reach you today