

Dental Prophy Admission Form

Owner _____ Pet's Name _____ Pet's Age _____

Telephone Number where I can be reached between 8:00 am – 8:00 pm _____

Please answer all of the following questions so that we can better assist you and your pets needs.

YES NO

- | | | | |
|--------------------------|--------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are vaccinations current? | If no, <input type="checkbox"/> Update today |
| <input type="checkbox"/> | <input type="checkbox"/> | If your pet is a dog, is he/she on heartworm preventative? | |
| <input type="checkbox"/> | <input type="checkbox"/> | To your knowledge, is your pet allergic to any drugs? | What? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your pet eat this morning? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your pet on any medications? What? _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | Any elective procedures that you would like performed at this time or any specific problems to be checked? What? _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | Would you like your Cat to have a Feline Leukemia test? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Would you like your Dog to have a Canine Lyme test? | |

Pre- Anesthetic Testing Consent /Waiver

Like you, our greatest concern is the well-being of your pet. Although pre-anesthetic testing does not guarantee that complications will not occur, **we require pre-anesthetic blood testing for all pets 7 years of age and older** and we strongly recommend screening for all pets under 7 years old. If you have any questions about any of these testing panels, please request a detailed description.

Please select ONE of the options below:

- Blood Work performed prior to admission.
 - CBC/MINI SCREEN (Required for all pets over 7 years of age)
 - CBC/PROFILE (Most complete in-house blood screening.)
- YES** **NO** I request that an **EKG** be done on my pet for an additional cost

OWNER RELEASE

After a pre-sedation physical exam and possible blood and EKG testing, your pet will be sedated and have a complete dental cleaning, polishing and fluoride treatment. Depending on the severity of your pet's dental disease, it may be necessary to perform tooth extractions. In some cases, teeth are so loose during the routine cleaning that these teeth will fall out. In other cases, the decision may have to be made to extract a tooth to prevent further problems such as oral pain and infections.

CHECK ONE BELOW

- | | |
|--------------------------|--|
| <input type="checkbox"/> | I agree that Pitman Animal Hospital should perform whatever dental procedures are necessary and recommended for the well-being and comfort of my pet. |
| <input type="checkbox"/> | I request a telephone call after oral exam and dental cleaning to discuss what further dental procedures need to be done. I understand that if I am not available at the telephone number that I have indicated above, Pitman Animal Hospital has my permission to perform any dental procedures that are indicated. |

I have read and understand the foregoing. It is very common in Veterinary dentistry that multiple teeth may need to be extracted. I understand that some teeth may need to be extracted during the dental procedure. Patients must be admitted early in the day so that pre-anesthetic blood work can be performed as well as allowing the pet time to adjust to the hospital environment before the procedure begins. I understand that dental procedures are typically not started before noontime. I understand that all anesthesia and surgery involves some minimal risk to my pet and it is thoroughly understood that I assume all risks.

Signature _____ **Date** _____

Admitting Tech Signature _____