



PEND OREILLE VETERINARY SERVICE

895 Kootenai Cutoff Road
Ponderay, ID 83852

Dental Authorization Consent

Client Name:
Address:

Patient Name:
Species:
Breed:
Sex:
Color:
Weight

Phone Number:

Our goal is your pet's care and comfort. To help ensure your pet's SAFETY AND COMFORT before and after their procedure, we offer the latest in diagnostic and post-operative care options.

PRE-ANESTHETIC DIAGNOSTIC OPTIONS

A complete physical exam will be performed on your pet prior to the procedure. However, this may not identify all systemic or metabolic problems. To ensure the safety of your pet we recommend specific pre-anesthetic diagnostics which include:

- Pre-Anesthetic Blood Panels to determine function and health of kidneys and liver as well as determining white and red blood cell counts, glucose and electrolyte levels. In geriatric or at risk pets the doctor will recommend a more in-depth blood panel to also test pancreatic function and/or thyroid function.
- 2 X-rays to survey your pet's heart, lungs and/or abdomen. May also be used to determine arthritic changes in your pet.
- EKG to detect any underlying heart abnormalities or dysfunction

Choose our pre-anesthetic diagnostic SAFETY PACKAGE and receive a 20% discount for all three. Or you may choose individual items at full price.

Pre-Anesthetic Safety Package \$235.50 or choose individual options below

Blood Panel Options: Pre-Anesthetic \$85.40 **General Health Panel (included in Safety Package) \$108.00**

EKG (included in Safety Package) \$66.00

X-ray (included in Safety Package) \$123.65

Decline all recommended diagnostics:

Full Mouth Dental X-ray

Full mouth dental radiographs allow us to find painful lesions below the gum-line such as bone loss, abscess and tooth resorption. Post-extraction x-rays make sure all of the tooth and root have been removed.

Single dental x-ray fee will be charged for all extractions (\$15.45)

Full mouth dental x-ray fees are :

Cats/ small dogs (under 20 pounds) \$77.25

Medium dogs (21-50 pounds) \$97.9

Large dogs (over 51 pounds) \$128.75

If full mouth radiographs are accepted, no additional fee for post-extractions will be charged

I give my permission: **I do not give my permission:**

TOOTH EXTRACTION

If teeth are severely diseased or fractured, extraction of the teeth may be the best option for the health and comfort of your pet. We will make every effort to contact you in this event. If we are unable to contact you, we require permission to proceed with the extraction.

I give my permission: **I do not give my permission:**

PAIN CONTROL AND COMFORT OPTION

We care about your pet's comfort. To give our patients the highest standard of care we offer comfort options to aid in your pet's healing in the event of tooth extractions. Pain medication gives your pet relief from the discomfort of the extraction as well as helping in recovery and healing. We are also proud to offer Laser Therapy, which is proven to help promote healing of tissues when applied to the extraction site.

Pain Medication: Yes **Tablets:** **Liquid:** **No**

Laser Therapy: Yes **No**

SEALANT OPTION

Oravet is a sealant that is applied to your pet's teeth after their dental cleaning, if authorized. Oravet, if applied weekly to your pet's teeth will help protect from future tartar build-up and aid in the maintenance of your pet's oral health. **I authorize** **I do not authorize**

MICROCHIP OPTION

For the protection of our pets the insertion of a microchip is recommended but optional at the time of your pet's anesthetic procedure. **I authorize microchipping \$53.60** **I do not authorize**

I, the undersigned owner or agent of the pet identified above, certify that I am over 18 years of age and authorize the staff of Pend Oreille Veterinary Service to perform the above procedure(s). In signing this form I am also giving Pend Oreille Veterinary Service permission to treat my pet as deemed necessary on the basis of the veterinarian's findings during the course of the examination and evaluation; understanding that there is no guarantee that treatment will be successful and Pend Oreille Veterinary Service will not be held liable for any loss that may occur. I acknowledge that staff members at this practice have explained the procedures to me, answered questions to my satisfaction and cannot be held responsible for any unforeseeable results. Furthermore I understand that I am financially responsible for all costs incurred during this surgery treatment and hospitalization. I also assume full responsibility for any additional expenses incurred after the surgical procedure is performed, such as follow up radiographs, re-check physical exams and additional surgery due to post-op complications. These are more likely to occur when there is a failure to comply with the aftercare instructions. I have read and fully understand the terms and conditions set forth above.

Signature of Owner: _____

Date: _____

Phone number(s) to reach you today: