



PEND OREILLE VETERINARY SERVICE

{CLINICADDRESS1} {CLINICADDRESS2}
 {CLINICCITY}, {CLINICSTATE} {CLINICPOSTALCODE}

Dental Authorization Consent

{CURRENTDATE[SHORT]}

Client Name:	{FULLNAME}	Patient Name:	{NAME}
Address:	{ADDRESS1} {ADDRESS2} {CITY}, {STATE} {POSTALCODE}	Species:	{SPECIES}
		Breed:	{BREED}
		Sex:	{SEX}
Phone Number:	{PHONENUMBER}	Color:	{COLOR}
		Weight	{CURRENTWEIGHT} {CURRENTWEIGHTUNIT}

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, electrolyte levels, and coag panel. 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 \$332.20 **or choose individual options below**

Blood Panel Options: Pre-Anesthetic \$92.00 **General Health Panel (included in Safety Package) \$113.00**

Coag Panel: (included in Safety Package) \$60

EKG (included in Safety Package) \$97.00

X-rays (included in Safety Package) \$146.15

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) \$91.30

Medium dogs (21-50 pounds) \$115.70

Large dogs (over 51 pounds) \$152.15

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:**

Laser Therapy: Yes **No**

MICROCHIP OPTION

For the protection of our pets the insertion of an microchip is recommended but optional at the time of your pet's anesthetic

procedure. **I authorize microchipping \$63.40** **I do not authorize**

REGARDING PATIENTS STAYING OVERNIGHT IN THE HOSPITAL:

At Pend Oreille Veterinary Service we do occasionally keep surgery patients in the hospital overnight prior to, or after surgery. Every effort is made to make our environment as safe and comforting as possible for your pet. However, we do want clients to be informed that we are not staffed 24 hours/day. Your pet will be unattended overnight until the morning staff arrives. Based on availability, we can sometimes arrange a technician to stay overnight with critical patients. For 24 hour monitoring we recommend transport to a fully staffed emergency clinic. There are emergency clinics in Coeur d'Alene, Post Falls and Spokane. Our doctors and staff are available to answer any questions you have regarding your pet's overnight care.

RECEIVING UPDATES REGARDING MY PET:

In the event the doctor has questions or concerns regarding your pet, they will call you on the number(s) listed below. If unable to reach you, the doctor will use their clinical judgement regarding your pet's care.

In regards to routine updates (such as completion of surgery or to confirm discharge time), would you like to be contacted via:

Phone call only

Text and/or picture message to the number listed below

E-mail. E-mail address:

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: {CLIENTSIGNATURE}

Date: 4/5/22

Phone number(s) to reach you today: {NUMBERTOREACHCLIENT}