

# DENTAL CLEANING CONSENT FORM

## South Temecula Veterinary Hospital

32844 Wolf Store Rd, Temecula CA 92592

951-302-7595 [www.stvh.net](http://www.stvh.net)

### OWNER OF PET

<first-name> <last-name>

<address>

<city>, <st> <zip>

Date: <date>

**PATIENT:** <animal>

**BREED:** <breed>

**SPECIES:** <species>

**SEX:** <sex-name>

**Color and markings:** <color>

**AGE:** <age>

**WEIGHT:** <weight>

### VACCINE REQUIREMENTS:

For the health of your pet and of our other patients, all dogs are required to be current DHPP, leptospirosis, bordetella, and rabies vaccines; all cats are required to be current on FVRCP and rabies vaccines, which must have been administered at a veterinary facility.

If your pet is not current or you cannot provide documentation of the vaccines, we must vaccinate your pet. The cost of each of these required vaccines is \$16.00.

### DENTAL SCALING & POLISHING:

The basic dental package is designed to provide owners an economical option for their pet's dental care while maintaining essential medical standards, however some elective services may provide added benefit, and may be required in the case of older or potentially debilitated pets (described below).

The basic dental package includes:

- 1) Doctor's pre-surgical exam: weight, temperature, auscultation of the heart and lungs, assessment of mentation, capillary refill time and hydration.
- 2) Pre-anesthetic medications to relieve stress/anxiety, provide sedation, and pain relief, followed by induction of anesthesia, maintenance of airway, and inhalant anesthesia and oxygen supplementation.
- 3) Monitoring of anesthesia, heart rate and blood oxygen level.
- 4) Ultrasonic scaling followed by polishing of the teeth.
- 5) Thorough examination of the teeth, gingiva, and oral cavity by the doctor.
- 6) Monitoring and ward occupancy during recovery.

Cats: \$259.50

Dogs:

<24lbs: \$279.50

25-99lbs: \$289.50

>99lbs: \$299.50

### Additional Services:

- Pre-anesthetic blood testing is recommended prior to anesthesia to help in selection of the most appropriate anesthesia protocol for your pet and may aid in early detection of certain conditions that may not have yet developed to the point of showing symptoms, such as anemia, diabetes, liver problems or kidney dysfunction.
  - o Abbreviated blood panel, recommended for young/healthy pets: \$74.00. Yes ☐ No ☐
  - o General health assessment – provides a more thorough assessment: \$150.00. Yes ☐ No ☐
  - o General health & thyroid evaluation. **Required for pets 7 years & older:** \$170.00. Yes ☐ No ☐
- Intravenous (IV) catheter and fluids before, during, and after the procedure help to prevent dehydration while your pet is unable to drink water until fully recovered from anesthesia, aid in maintenance of normal blood pressure while under the influence of the anesthetic medications, and can speed recovery from anesthesia by helping the liver and kidneys to process the medications faster. The catheter also provides immediate vascular access in the rare case of an emergency.

**Required for senior pets aged 7 years and older or those with infection/illness.** \$69.75.

Yes ☐ No ☐

<first-name> <last-name>

<animal>

- Extractions. Some diseased teeth in need of extraction may be quite obvious, but many pets have tooth fractures or periodontal disease that extend below the gumline, which can lead to pockets of infection, loosening of the tooth, erosion of the surrounding jaw bone, and chronic pain. After careful examination of each tooth, the doctor will determine if any extractions are necessary. It is best for us to have authorization now so that we don't have prolong anesthesia while trying to reach you on the phone. However if unplanned or extensive extractions are needed we will always contact you for approval first.
  - o Extractions: \$29.75 – 145.00 per tooth, based on the complexity of the extraction.
  - o Local anesthesia and/or gingival suture: \$24.50 per quadrant.
  - o Antibiotics: approximately \$19.75 – 100.00 based on patient weight & severity of infection.
  - o Pain medications: approximately \$35.00 – 75.00 based on patient weight.
- Toe nail trim: \$4.75 (regularly \$9.75).
- Microchip implantation. Microchips are a safe and effective means of permanent identification. Implanted while your pet is asleep to minimize discomfort. Includes lifetime registration. Now a legal requirement for registration of dogs in Riverside County. \$29.50.

Extractions: Yes ☐ No ☐

Toe nails: Yes ☐ No ☐

Yes ☐ No ☐

What (if any) medicine is your pet currently taking & when was the last dose? \_\_\_\_\_

I certify that I own the above described animal and authorize South Temecula Veterinary Hospital to treat said animal. During this time they may administer vaccinations, medication, tests, surgical procedures, anesthetics, or treatments deemed necessary for the health, safety, and well-being of my pet while under the care and supervision of the Hospital. I understand that there are inherent risks associated with anesthetic, medical, and surgical procedures, including death. I authorize the doctors of South Temecula Veterinary Hospital to initiate care to address these complications, should they arise while under their care. In the event of an emergency, the hospital will make every reasonable attempt to contact me so that I am aware of the situation and so that I am involved in medical decisions. The contact phone numbers in the chart are correct and I or someone I authorize to make medical and financial decisions regarding my pet will be reachable at the number provided below. If my pet should injure him/herself in an attempt to escape, refuse food, soil itself, become ill, or die while in the Hospital, I will hold South Temecula Veterinary Hospital and the staff free of all responsibility and/or liability in the absence of gross negligence. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. I understand that veterinary staffing is not provided overnight and I am aware that my pet will be unattended during this time. I am aware that there are veterinary hospitals open overnight but I elect to leave my pet at South Temecula Veterinary Hospital in lieu of pursuing a transfer.

I further realize that I am responsible for payment of all above mentioned procedures/treatments in full at the time of my pet is discharged. If I fail to pick up my pet within fourteen (14) days of notice that s/he is ready for release, South Temecula Veterinary Hospital may assume that the animal has been abandoned per sec. 1834.s of the California legal code. In such instances, the Hospital is then authorized to dispose of (adopt out) my pet as they see fit. Abandonment, however, does not release me of my obligation for payment of said bill. I agree to pay a finance charge of 1.5 percent per month (18 percent per annum), a \$2.00 month billing charge and any and all collection and attorney's fees incurred by South Temecula Veterinary Hospital relating to this manner in case of non-payment.

Authorized contact name & phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DENTAL CLEANING

<first-name> <last-name>

<animal>

Weight\_\_\_\_\_ Temp\_\_\_\_\_ Check In Tech:\_\_\_\_\_ DR.\_\_\_\_\_ TECH\_\_\_\_\_

Current meds pet is taking: \_\_\_\_\_

## PRE ANESTHETIC INJECTIONS

<b>MORP</b> _____SQ / IV/ IM <input type="checkbox"/>	<b>MIDAZ</b> _____IM/ IV <input type="checkbox"/>	<b>BUP</b> _____IM/ IV <input type="checkbox"/>
<b>ACE</b> _____SQ <input type="checkbox"/>	<b>KET</b> _____IM/ IV <input type="checkbox"/>	<b>PROP</b> _____IV <input type="checkbox"/>
<b>ATROP</b> _____SQ <input type="checkbox"/>	<b>DOM</b> _____IM/ IV <input type="checkbox"/>	<b>MET</b> _____PO <input type="checkbox"/>

## ELECTED SERVICES

<b>IV FLUIDS + RATE</b> _____ <input type="checkbox"/>	<b>TNT</b> _____Y / N <input type="checkbox"/>
<b>STAT</b> _____Y / N <input type="checkbox"/>	<b>MICROCHIP</b> _____Y / N <input type="checkbox"/> (STICKER HERE)
<b>EXTRACTIONS:</b>	

**INJECTABLE ANTIBIOTICS:** ☐ \_\_\_\_\_

## MEDICATIONS TO GO HOME:

TRAM_____	ANTIBIOTICS_____
MET 0.05ml_____	CAR 25mg_____
0.10ml_____	75mg_____
0.15ml_____	100mg_____

## VACCINES?

<b>K9:</b> DPV__yr <input type="checkbox"/> <b>Lepto</b> yr <input type="checkbox"/> <b>RV</b> __yr <input type="checkbox"/> <b>BVIN1</b> <input type="checkbox"/> <b>FELINE:</b> FPV__yr <input type="checkbox"/> <b>RV</b> __yr <input type="checkbox"/> <b>LV1</b> <input type="checkbox"/>	
<b>DEWORMING?</b> _____Y/N	<b>HWTO?</b> _____Y / N <input type="checkbox"/> <b>I.C?</b> _____ <input type="checkbox"/>
<b>PREVENTION?</b> _____	

**ADDITIONAL NOTES:**\_\_\_\_\_

**POST OP CALL** \_\_\_\_\_ ☐ **PICK UP TIME?** \_\_\_\_\_ ☐ **CHARGES ENTERED** \_\_\_\_\_ ☐