

Crown Veterinary Hospital
817 Orange Ave. Coronado Ca. 92118
619-435-6624 Fax 619-435-6715

Dental Procedure Consent Form

Client:

Patient:

Date:

Your pet is to be anesthetized today. Rest assured that advances in anesthesia and surgery have made routine procedures relatively safe with a low rate of complications. Occasional problems can arise due to pre-existing conditions not evident during routine examinations. To avoid these problems, all pets will be screened prior to anesthesia by means of a Blood Cell Count, Electrolyte Screen and Chemistry Profile to check liver and kidney function. You will be notified if any abnormalities are detected.

Ultrasonic Dental cleaning will remove all tartar and bacteria buildup that may be covering teeth. Upon removal of the tartar, gingival pockets and/or tooth fractures may be discovered, which need additional care. Sometimes it is necessary to have these procedures scheduled for another day, due to severity of the condition and prolonged anesthesia. However, if we feel it is safe for your pet, we will perform x-rays and extractions at that time. Services provided beyond routine dental cleaning will result in additional fees.

Initial to Agree:

_____ Crown Veterinary Hospital may proceed with any dental x-rays deemed necessary. X-rays are \$30 for the first film and \$15 for each additional film. Additional anesthesia is \$65 for each additional half an hour.

_____ Crown Veterinary Hospital may proceed with any extractions deemed necessary. Extractions range from \$35 to \$185 per tooth. Additional anesthesia is \$65 for each additional half an hour.

_____ Do not proceed with any x-rays or extractions until _____ has been contacted and/or a final estimate approved.
Please contact me at this number: _____

_____ Crown Veterinary Hospital may proceed with Doxirobe antibiotic application if needed to fill in any infected gingival pockets. Cost is \$68.

Please note any additional services that you would like us to perform while your pet is here:

Oravet Application & Homecare Kit \$120 Home Again Microchip \$52.99

Other (vaccines, check ears, ect.): _____

I hereby authorize Crown Veterinary Hospital to perform the above procedures. The nature and risks associated with such services have been described to me to my satisfaction and, while I expect all procedures to be completed to the best of the abilities of the professional staff, I realize that no guarantee can be made regarding the results or cure. I also authorize the hospital to provide veterinary service as required in the event of an emergency situation. I understand that I am financially responsible for all services rendered at the time of service. All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.

Best Contact Information Today: 1. _____ 2. _____

Signature of Owner/Agent: _____