

Good Samaritan Veterinary Hospital
Authorization and Consent for Anesthesia for Dental Cleaning

Please Print:

Date _____

Pet's Name _____ **Your Name** _____

List **ALL** phone numbers where you can be reached today:

() _____ () _____ () _____

Has your pet eaten today? **YES** **NO**

If yes, when and how much? _____

Has your pet been medicated today? **YES** **NO**

If yes, what medication and time given? _____

DENTAL ESTIMATE

The baseline cost of a dental cleaning is \$521.00. This includes:

- Anesthesia
- Cardiac and blood pressure monitoring during anesthesia
- IV catheter and IV fluids (helps maintain a smooth anesthesia and allows immediate access to a vein if any complications should arise)
- Full dental cleaning and polishing
- Day Hospitalization
- One antibiotic injection
- One pain injection (beneficial even if no extractions are needed)

ADDITIONAL DENTAL COSTS

- **Extractions & X-Rays:** If teeth are infected or fractured, extractions or x-rays may be recommended. The cost depends on the number of extractions or x-rays, and type of tooth. If extractions or x-rays are recommended, how would you like us to proceed?

CHECK ONLY ONE:

- Please proceed with extractions and x-rays.
- Please **phone me prior** to extractions and x-rays. However, **if I cannot be reached**, I authorize extractions and x-rays.
- If I cannot be reached, I do not authorize** any extractions or x-rays.

- **Pain Injection:** A second pain injection may be recommended during recovery if extractions are needed. The cost is \$45.00 for animals less than 40 lb, or \$52.00 for animals over 40 lb.

CHECK ONE:

- YES**, I authorize a 2nd pain injection if needed.
- NO**, I do not authorize a 2nd pain injection

(OVER →)

Last updated 04/22/16 by HH

- **OraVet:** OraVet provides a barrier sealant that helps protect teeth and gums from plaque and calculus buildup due to bacteria. The sealant is applied by us after the cleaning and then 2 weeks after the cleaning you begin weekly at home applications of a plaque prevention gel to your pet's teeth and gum line. Home application takes less than 60 seconds and helps to prevent plaque build up and periodontal disease.

- The cost for in-hospital treatment is \$66.50
- The cost for at home prevention kit is \$39.28

CHECK ONE:

- YES**, I would like OraVet treatment
- NO**, I decline OraVet treatment

OTHER PROCEDURES

Should other procedures (skin scrape, lump aspirate, ear cleaning, heartworm test, fecal test, etc.) be deemed necessary or recommended in the veterinarian's judgment, how would you like us to proceed?

CHECK ONLY ONE:

- Please proceed with all recommended procedures.
- Please **phone me prior** to any additional procedures. However, **if I cannot be reached**, I authorize recommended procedures.
- If I cannot be reached, I do not** authorize additional procedures.

MICROCHIP/PERMANENT I.D.

Would you like us to place a microchip while your pet is under anesthesia?

The cost is \$62.50. There is an additional fee of \$20.75 for microchip registration payable to HomeAgain.

CHECK ONE:

- YES**, please microchip my pet
- NO**, I decline

CATS AND SMALL DOGS (< 15 LBS) ONLY

If your **CAT** or Small Dog (<15 lb) should require medication, would you prefer **LIQUID** or **PILLS**?

(Certain medications are only available in one form)

CHECK ONE:

- I prefer liquid if available
- I prefer pills if available

CONSENT

I am the owner or authorized agent of this animal. I understand the nature of the procedure(s), that there are risks involved with any surgery or anesthetic procedure, and that results cannot be guaranteed. I authorize the veterinarians and staff of Good Samaritan Veterinary Hospital to perform all procedures as set forth above, including surgery, medical procedures, medications, and anesthetics. Furthermore, in case of an emergency, I consent to any procedures deemed necessary and desirable in the attending veterinarian's judgment. I understand that an attendant is not on hospital premises 24 hours per day. I agree to pay in full for services performed, including those deemed necessary for medical or surgical complications or for unforeseen circumstances.

Signature: _____ Date: _____