

EAST DALLAS VETERINARY CLINIC

8541 Ferguson Road, Dallas, TX 75228

214-328-9935 FAX: 214-328-4378

Dental Procedure Release Form

Owner's name:

Pet's name:

Doctor preferred:

Dr. Cantrell

Dr. Ellsworth

Either

Date of last vaccinations per EDVC records:

REQUIRED: Telephone number where you can be reached during the surgical/dental procedure, if necessary:

Canine/Feline/Exotic (circle one) Breed: Sex: ☐ M ☐ F Altered? ☐ Yes ☐ No

Description/Color:

Please answer the following questions:

- ☐ Yes ☐ No Is your pet on Heartworm prevention?
- ☐ Yes ☐ No Has your pet been checked for internal parasites within the past 6 months?
- ☐ Yes ☐ No Any vomiting, coughing or diarrhea noted?
- ☐ Yes ☐ No Has your pet eaten this morning?
- ☐ Yes ☐ No Has your pet been ill or injured in the past 30 days?
- ☐ Yes ☐ No Is your pet allergic to any medications? If so, what?

Please authorize the desired procedures:

☐ Yes ☐ No**General dental cleaning**

This includes preanesthetic, gas anesthetic, dental scaling, polishing and Oravet in-clinic sealant.

Cats \$115.00 Dogs 40# & under - \$120.00 Dogs over 40# - \$130.00

Recommended Additional Procedures☐ Yes ☐ No**1. Geriatric or high risk patients** - special anesthetic procedures (propofol, sevoflurane)

This includes special preanesthetic and gas anesthetic for our geriatric or high risk patients.

Cats \$63.00-68.00 Dogs \$45.00 - \$75.00 depending on breed and size

☐ Yes ☐ No**2. Preanesthetic blood panel**This is important for all pets. It may reveal anesthetic concerns or bleeding problems.

Cost - \$63.00 - \$68.00

☐ Yes ☐ No**3. Gum pocket treatment**

The first step in tooth loss is the formation of a gum pocket. If we find this, we can treat with Doxyrobe Gel to close the pocket and strengthen the tooth.

Cost - \$50.00

☐ Yes ☐ No**4. Extractions**

Routine - \$15.00 & up - depending on number of extractions and complexity.

☐ Yes ☐ No**5. Analgesic (Pain Relief) Package**

This procedure provides a nerve block for painful extractions, an injection for systemic pain relief, and a prescription for analgesics to be taken at home.

Cost \$30.00 - \$35.00

☐ Yes ☐ No**6. Oravet Home Cleaning Kit (Plaque Prevention Gel)**

This package allows you to apply a plaque prevention gel once a week at home. It is the easy alternative to brushing as it binds to the Oravet sealant providing an antibacterial barrier for the teeth.

Cost - \$25.00

At the Doctor's discretion, IV induction anesthesia may be used at an additional cost, approximately \$10, primarily for the safety and comfort of dogs that are elderly, weigh over 40 pounds, or become fractious when being anesthetized.

Additional services requested:

☐ Yes ☐ No

Nail trim - \$7-\$15

☐ Yes ☐ No

Express Anal glands - \$8.00

☐ Yes ☐ No

Bath \$27-\$36 (depending on species and size)

☐ Yes ☐ No

Clean ears - \$17.00

☐ Yes ☐ No

Microchip for identification - \$60.00

I authorize the Doctors/Technical Staff of East Dallas Veterinary Clinic to administer medication, anesthetics and perform the above procedures on my pet. I am also aware that unforeseen events will **not** relieve me from any obligation to all reasonable costs incurred regarding my pet. procedure(s).

I understand that during the performance of the procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s), or even different procedure(s), than those set forth previously.

I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian's professional judgement.

I have been advised of the nature of the procedure(s), as well as the risks involved, and also realize that results cannot be guaranteed.

The Hospital will use all reasonable precautions, but the Hospital will not be held liable or responsible for occurrences beyond its control.

I additionally authorize the use of appropriate anesthesia, pathologist examination of excised tissue as deemed appropriate by the veterinarian, and the administration of other medications, and understand hospital staff will be utilized as deemed necessary by the veterinarian.

I have read and understand this authorization and consent.

Please note: Any pet found to be carrying **fleas and/or ticks** will be treated at an additional expense.

Date:

Signature: