

DENTAL CLEANING CONSENT FORM

OWNER OF ANIMAL: _____
ADDRESS: _____
EMAIL: _____
PET'S NAME : _____ BREED: _____
DATE: _____ SEX: _____ AGE: _____

Our economy dental cleaning and polishing includes the following:

1. Includes IV catheter and IV fluids during the procedure. The IV catheter provides a quick access to the veins in the case of an emergency. The fluids help keep the blood pressure at a normal level and help to protect the kidneys and liver during surgery. They also can help your pet wake up from anesthesia quicker. We continue the fluids during the surgery and recovery period.

2. A pre-surgical exam-the doctors listens to the heart and lungs, check the gums to make sure they are not pale and make sure your pet is not dehydrated, check the temperature and weight.

3. Includes full mouth dental XRAYs.

4. Gas anesthesia using isoflurane

5. Pulse oximeter monitoring of oxygen level and heart rate

6. Ultrasonic cleaning and polishing of the teeth

7. Oral exam while under anesthesia by the doctor.

The price does not include extractions, pain medications or antibiotics. These procedures are only done if deemed necessary by the doctor.

8. Drop off time for surgery is between 7:30am and 9:30 am, patients will be prepped for surgery and premedicated after drop off. Most surgeries are started by 12:00pm with pets going home typically between 4:00pm and 6:00pm.

9. The patient needs to be fasted from 9:00pm the night before until surgery, water can be provided.

It is our goal to keep all procedures as reasonably priced as possible. Our base price includes the services that we feel are the most important for a successful surgery and a comfortable experience for your pet. There are several other services that we feel are important to offer. **They are available at an additional fee-** You are welcome to call ahead of time to get pricing on any additional services you are interested in and a full estimate will be presented to at time of check in.

Is your pet currently taking any medications; prescription or over the counter?

Yes _____ No _____

If yes list medications, doses and last time given:

1. **Extractions**-These are done only if the doctor determines that they are needed. It is best for us to have authorization now so that we do not have to keep your pet under anesthesia while we are trying to reach you on the phone. **The cost can vary a great deal due to the difficulty level of the extraction. Roughly the cost varies from \$20.80-\$215.80 per tooth, plus antibiotics that are roughly \$15-\$75, and pain medications that add roughly \$15-\$100. Other procedures like gum suturing (\$23.04) and nerve block (\$10.42-\$47.68) may also be required.**

Extractions accepted if needed yes _____ no _____

OWNER OF ANIMAL: _____ **DATE:** _____

2. **Microchip**-Although this can be installed any time, it involves a fairly large needle so if done while your pet is under anesthesia and already getting pain medication the procedure is more comfortable. Our microchip includes lifelong registration. If your pet is chipped today while under anesthesia there is a \$10.00 saving.

Chip yes _____ no _____

3. **Pre-anesthetic blood testing**- We can run a screening test in house on younger animals that only takes 5 mins. Or we can use an off-site laboratory to run a very thorough test of approximately 35 different things, including a CBC for anemia and white blood cell problems, testing for liver, kidney, electrolyte problems, diabetes, thyroid levels and many other things. **This full blood panel is required on animals 7 years of age or older.**

In house panel (optional if under 7 years old) yes _____ no _____

Full panel (required if over 7 years old) yes _____ no _____

4. **Toenail Trim**- Complimentary yes _____ no _____

5. **Anal Gland Expression**- Discounted yes _____ no _____

6. **Photo release: I give my permission for the Animal Hospital of Newport Hills to use photos of my pet.**

I understand that the Animal Hospital may use them on social media sites, for advertisements or any other format the Animal Hospital may choose. I release the Animal Hospital of Newport Hills, its employees and/or office from any violation of any personal or proprietary right I may have in connection with such use.

Yes _____ No _____

_____ I certify that I own the above described animal and authorize the Animal Hospital of Newport Hills to hospitalize said animal. During this time they may administer vaccinations, medication, tests, surgical procedures, anesthetics, or treatments they deem 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 the Animal Hospital of Newport Hills 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, so that I am involved in medical decisions. I have verified that the contact phone numbers in the chart are correct.

_____ If my pet should injure itself in an escape attempt, refuse food, soil itself, become ill, or die while in the hospital, I will hold the Animal Hospital of Newport Hills and the staff free of all responsibility and/or liability in the absence of gross negligence.

_____ If I fail to pick up my animal before the Animal Hospital closes, or if it is recommended that my animal stay overnight, 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 the Newport Hills Animal Hospital instead 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 neglect to pick up the animal within fourteen (14) days of notice that it is ready for release, the Animal Hospital of Newport Hills may assume that the animal has been abandoned per sec. 16.54.010 of the Washington legal code. In such instances, the Animal Hospital is then authorized to dispose (adopt) of my pet as they see fit. Abandonment, however, does not release me of my obligation for payment of said bill.

_____ I further agree that in case of non-payment, 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 the Animal Hospital of Newport Hills relating to this manner.

Phone number contact for treatment day: _____

Signature: _____

Print name: _____

Please initial each indicated section above.

