



DENTISTRY AUTHORIZATION FORM

Client Name: _____

_____ (Patient) is scheduled for dental treatment on ___/___/2016. A routine dental treatment for cats/dogs costs between **\$150.00 and \$200.00** based on the time required and supplies required for the services. Please ask to speak with a Technician or a Doctor if you would like further explanation of the services that may be required for your pet. Dental health for your pet is your choice. Let us help you keep your pet as healthy as possible. Below we have outlined the procedures that we will perform during the dental treatment. Please note that the steps that require extra care have an asterisk (*) in front of them and include an additional charge for treatment.

We will perform a pre-anesthetic physical exam.

We will listen for heart murmurs and abnormalities and listen to your pet's lungs. If any abnormalities are present during the pre-anesthetic physical exam, a technician or Doctor will contact you to discuss further diagnostics and/or recommendations. We will not proceed if we feel that your pet is not in appropriate health for anesthesia.

General anesthesia will be used.

The heart and lungs will be monitored manually and with an anesthesia monitoring device. We use safe and current anesthetic protocols. Most pets will wake up minutes after the procedure is completed. We provide warmth during and after anesthesia, to prevent the body from cooling and to keep your pet as comfortable as possible.

An antibiotic injection and pain injection will be given.

An antibiotic injection provides a line of defense against bacteria. A 10-14 day supply of oral antibiotics will be prescribed to be dispensed or a 2 week antibiotic injection may be given.

A pain injection reduces soreness caused by irritation of the gums at the veterinarian's discretion. Take home pain medication may also be needed with some procedures.

We will scale the tartar off the teeth and examine each tooth to determine if there is periodontal disease and how severe it may be.

We will finally polish the teeth with a fluoride paste and apply a final antibacterial rinse. Our state of the art dental machine has the ability to flush the mouth and gums with a patented antibacterial solution to reduce more bacteria than the standard veterinary dental scaler/polisher.

DENTISTRY AUTHORIZATION FORM *continued*

We will extract any tooth that we feel is diseased or otherwise causing pain.

Extracting teeth requires additional time, instrumentation and skill. Only the doctor or a technician supervised by a doctor will extract teeth. This service requires an additional charge of **\$18 per deciduous (baby) tooth and \$20 per 1 root; \$36 per 2 roots; \$54 per 3 roots for (adult) tooth. Some larger teeth such as canine teeth and large premolars and molars may require gingival flap surgery \$100.**

_____ I accept

Clindoral GEL is an antibiotic binding gel may be needed for gum pockets.

Each **pocket** will be measured. If the **pocket** is significant, it can be filled with a binding antibiotic gel to protect it and allow the gum to heal. The additional charge for this service is **\$65.00** to \$125.00. This service may not be necessary if there are no gum pockets present.

I accept _____ I decline _____

If **not needed**, use OraVet _____

OraVet is a **plaque prevention system** which significantly reduces plaque and tartar formation by creating an invisible barrier that helps prevent bacteria from attaching to your pet's teeth. We will apply the OraVet Barrier **Sealant** after your pet's dental cleaning. We recommend you continue at home by applying the OraVet Plaque Prevention Gel weekly to your pet's teeth and gum line. This service costs **\$65 + FREE 8 WEEK Home plaque prevention kit.**

I accept _____ I decline _____

For my pet's **post-dental cleaning antibiotics** today, I would like one of the following: *Please initial.*

- () **Convenia** antibiotic injection. (2 week convenient injection-no medicine to take home)
- () Pill antibiotic
- () Liquid antibiotic

My pet has not had any food since **10pm** last night. I authorize and request the services listed on this form. Further, I understand that the services described above and indicated by an asterisk (*) may only be completed if deemed appropriately necessary by the doctor. I understand that those services are in addition to the standard dental fee. I also have indicated any additional services that I would like performed.

_____/_____/_____/_____
Signature of Owner or Agent

Date

Checked in by: _____