

# Dental Admission Form

Date \_\_\_\_\_ Time \_\_\_\_\_

Pet name \_\_\_\_\_ Client Name \_\_\_\_\_

Telephone numbers at which you may be reached at any time today \_\_\_\_\_  
\_\_\_\_\_

1) Nature of Dental Work

- a) Routine dentistry and fluoride polish with anesthesia
- b) Routine dentistry and fluoride polish with IV sedation
- c) Non Anesthetic Dental
- d) Oral surgery. Explain the nature \_\_\_\_\_

2) For your pet's safety, we perform a physical examination and a blood panel within six months of any sedation or anesthesia. We will monitor respiration, oxygen saturation and EKG and administer IV fluids with every anesthesia.

Your pet's examination date: \_\_\_\_\_ Fee for examination today: \_\_\_\_\_

Your pet's blood panel date: \_\_\_\_\_ Fee for lab work today: \_\_\_\_\_

3) When did your pet last have any food or water? \_\_\_\_\_

4) Additional Options:

- a) Permanent Microchip Identification (AVID) insertion while under anesthesia.

Yes \_\_\_\_\_ No \_\_\_\_\_ Fee \_\_\_\_\_

5) Are there any additional procedures desired while your pet is under anesthesia or sedation? (Small skin masses, ear care, pedicure...) \_\_\_\_\_  
\_\_\_\_\_

6) If surprises are encountered (extractions of infected teeth, oral masses...) we will make every effort to contact you. If we are unable to reach you, would you like the doctor to proceed (as he would with his own pet)? Yes \_\_\_\_\_ No \_\_\_\_\_

7) Are there any special anesthetic/medical needs, organ problems, drug reactions or prior problems with anesthesia or sedation. \_\_\_\_\_ Please explain \_\_\_\_\_  
\_\_\_\_\_

8) Anesthesia safety is a great concern to you and us. We choose our protocol based on your Pet's health, age, and breed. We monitor respiration, oxygen saturation, and EKG on all patients, and have an intravenous catheter for intraoperative fluids and drug administration.

9) If there is any work done under the gums or any extractions are done we will administer a Post-operative injection to minimize pain. The fee for this is: \_\_\_\_\_

10) In the rare event of a crisis, do you authorize resuscitative drugs and emergency care? Additional fees will apply. Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_