

TOWN & COUNTRY ANIMAL HOSPITAL, INC.
DENTAL PROPHY ADMITTING FORM

YES NO

- Are vaccinations current? Update Today
 Any vomiting, coughing, sneezing, diarrhea?
 Did your pet eat this morning?
 Is your pet allergic to any drugs? What? _____
 Has your pet had any accident or illness in the last 30 days?
 Is your pet currently on any medication? What? _____

PRE-ANESTHETIC BLOOD SCREENING CONSENT/WAIVER

Like you, our greatest concern is the well-being of your pet. A physical examination will be performed before sedating your pet. However, any conditions, including disorders of the kidneys, liver and blood cannot be detected without blood testing. For these reasons, we highly recommend pre-operative blood screening before sedating your pet. The cost of these important tests is \$64.00. Please initial the appropriate option below:

- _____ Approve
 _____ Disapprove

IV CAPPED CATHETER

In case of an emergency, an IV Catheter will be placed before anesthesia for quick access to a Vein should problems arise during surgery.

EXTRACTION AND OTHER PROCEDURES CONSENT/WAIVER

Many pets require sedation before a thorough examination can be completed. The condition of each tooth must be evaluated before a decision is made as to the best course of treatment. Although no one likes surprises, it sometimes is impossible to give an accurate estimate before sedation. From both a health and economic standpoint, it is much better to complete all needed dental procedures during the initial visit and sedation rather than having to schedule another appointment with additional sedation required. In an effort to satisfy your desires, please initial the appropriate option below:

- Please perform whatever procedures and extractions are required at this time
 Please perform whatever procedures and extractions are required up to \$ _____
 Please do nothing more than the requested dental prophy procedure at this time.

Phone number where I can be reached today: _____

ELECTIVE PROCEDURES TO BE DONE AT THE SAME TIME

There are simple procedures that do not greatly increase sedation/anesthesia times and therefore can be provided at a fee less than would normally be required. Please check those you wish to be completed.

- Tattoo for identification (# _____)
 Remove warts/skin growth (Location: _____)
 Ear Flushing

Please check the following elective procedures *not requiring anesthesia* that you would like completed.

- | | |
|---|---|
| <input type="checkbox"/> Microchip implant for identification | <input type="checkbox"/> Express anal glands |
| <input type="checkbox"/> Ear Cleaning | <input type="checkbox"/> Flea Treatment |
| <input type="checkbox"/> Routine toe nail trim | <input type="checkbox"/> Brush out / clip hair mats |
| <input type="checkbox"/> Bath and/or dip | <input type="checkbox"/> Kennel Cough Vaccine |
| <input type="checkbox"/> FVRCP/FELV | <input type="checkbox"/> DHLP/PC |
| <input type="checkbox"/> Rabies | |

EMERGENCY PHONE NUMBERS:

Please list any phone numbers that we could reach you at today in case we have any questions or concerns:

- 1) _____
- 2) _____
- 3) _____

An IV catheter will be placed, before anesthesia, for quick access to a vein if problems would arise during surgery. The additional cost is \$15.00

OWNER RELEASE

You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that all sedation/anesthesia involves some minimal risk to my pet, but you will not be held liable in any manner whatsoever or under any circumstances in connection therewith as it is thoroughly understood that I assume all risks. I have read the foregoing and agree.

Signature _____ Date _____