

Technician Check-in Initials: _____

Singing Hills Animal Hospital

1951 Willow Glen Drive

El Cajon, Ca. 92019

Date: _____

DENTAL RELEASE FORM

Owner's name: _____ Breed: _____

Address: _____ Sex: _____

Phone: _____ Age: _____

Pet's Name: _____ Color: _____

I, the undersigned, do hereby certify that I am the owner, or duly authorized agent for the owner, of the animal described above. I do hereby give Dr. Evelyn Tom, Singing Hills Animal Hospital, Inc, (SHAH), their agents, relief veterinarian, servants and or representatives full and complete authority to perform the following procedures described as: **anesthesia, dental scaling, polish, and sealant** (\$685) . While under anesthesia, your pet's teeth will be probed and determined if there are broken or abscessed teeth. Additional dental procedures may be advisable and useful to promote or protect the health of the above described pet. I realize that these additional procedures will incur additional expense. If a periodontal pocket is discovered, a local **antibiotic** will be administered. The fee will be **\$15 per pocket**. I do hereby release the said doctors, Singing Hills Animal Hospital, their agents, servants and/or other representatives from any and all liability arising from said dentistry, surgery, and/or sedation/anesthesia, on said animal.

_____ Owner Signature to Authorize Above Procedures and Estimated Cost and Liability Release.

(Initial)_____ For the safety of our patients, an intravenous catheter (included with special) and fluids (included with special) are required in all anesthetic procedures. This increases safety by keeping blood pressures higher, increase perfusion of vital organs, increase speed of clearance of anesthesia, and aid in life saving protocols.

(Initial)_____ Dental radiology is currently available and may be recommended. If dental root pathology is suspected, I authorize dental radiology of the quadrant of the mouth affected (\$50 per quadrant)

(Initial)_____ In the event of severe dental disease, full mouth radiology may be recommended. I authorize full dental radiology (\$150).

(Initial)_____ I understand pain medications, antibiotic injections, and/or nerve blocks may be given (\$38-\$65 per injection), if needed, as determined by the veterinarian.

(Initial)_____ I understand my pet may be prescribed antibiotics and/or pain medication as determined by the veterinarian.

(Initial)_____ I understand extractions may be necessary at an additional fee of \$15-\$199 **per tooth**. I understand that declining extractions leaves my pet at risk for infections, systemic complications, pain, and difficulty eating. Should extractions be declined against medical advice, SHAH will not be responsible for resulting complications. Should I decide at a later time to have recommended extractions performed, my pet will require another anesthetic procedure at my expense.

Cold laser therapy may be offered to aid in faster healing of extractions sites, gingivitis, and infections (\$10 per tooth). Please initial

() **Accept** _____ () **Decline** _____

(Initial)_____ I certify my pet has not eaten within the last 12 hours.

(Initial)_____ I understand my pet is fasted for an anesthetic procedure, however, if an anti-nausea medication is needed, there will be an additional fee of \$53 to \$85.

(Initial)_____ I understand my pet must be current on vaccinations. If determined by record or examination that my pet is due for vaccinations, I understand vaccinations will be performed at my expense. I understand treatment for external or internal parasites, including fleas, is mandatory if found on my pet. I understand the hospital is not responsible for any items I may leave, such as: collars, leashes, toys, and blankets.

(Initial)_____ In order to better evaluate the ability of your pet to undergo anesthesia, the doctors require a pre-anesthetic blood test to screen for existing infection, kidney, liver, and overall organ functions no more than 30 days prior to the procedure. This is included in the dental special if performed prior to the dental cleaning. If not already completed, this blood test will be performed today at an additional charge of \$103-185.

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Extent of Dental Services Desired: I understand that 60% of the tooth structure is below the gum-line and the full extent of my pet's dental needs can only be determined with a complete oral examination and dental x-rays while under anesthesia. I understand that extractions may be required at an additional fee of \$15-\$199 **per tooth**. Should any unforeseen dental procedures be necessary in the veterinarian's professional judgment and **I cannot be reached on the phone number I provided** I understand that I am responsible for any fees incurred during the course of my pet's treatment. In order to minimize time spent under anesthesia, please choose from the following options:

(Initial)_____ I prefer that you proceed with all necessary dental procedures

(Initial)_____ I prefer that you proceed with all necessary dental procedures not to exceed an **additional amount** of \$_____. (This does not include the original dental cleaning, antibiotics or pain medication).

On the day of the procedure, I can be reached at all times at the following phone numbers:

Primary:_____ Secondary:_____

I have read and understood the above statements.

Owner Signature

Date