



Dental Drop Off

Owner Name: _____ **Client Number:** _____

Patient Name: _____ **Breed:** _____ **Age:** _____ **Sex:** _____

When any dental procedure is being performed, it is important to know the degree of periodontal disease. This is often best assessed when the pet is under anesthesia. At this time, diseased teeth are often found which could require extractions. Please initial the line below to authorize the extraction of any diseased tooth.

_____ Do whatever is needed to give my pet a healthy mouth.

_____ Call me for approval of any procedure or extraction not previously discussed with me or included in my dental estimate. If I cannot be reached, I understand that my pet will be awakened and a second anesthesia and dental may need to be scheduled.

_____ Do not do any procedures beyond what has already been estimated and approved by me. I understand that my pet will be awakened from anesthesia.

Our greatest concern is the well being of your pet. The doctor will perform a physical examination before administering anesthetic agents. Anesthesia does carry some risk, even for a routine surgery. Circle B Veterinary Hospital's doctors and staff utilize a safe anesthetic protocol unique to each patient. All patients will receive pre-anesthetic bloodwork including coagulation times, IV catheter, IV fluids and post operative pain medication if indicated

What medications is your pet currently taking and when was the last time it was given? Refills?

When did your pet last eat?

Any known allergies or reactions to vaccines or medications?

Do you want a microchip (\$50)? Nail trim under anesthesia (6\$)?

Best contact person and number(s) for today:

I have indicated my wishes for either CPR or DNR (do not resuscitate).

Please treat my pet accordingly until I can be reached.

Signature
