DENTAL
PRESURGICAL INFORMATION AND QUESTIONNAIRE

Has your pet been fed since 10:00 p.m. last night? Yes ____ No ____

Has your pet been vaccinated for rabies within the past year? If not, hospital policy requires that we vaccinate your pet. If yes, hospital policy requires veterinary tag or certificate. Yes ____ No ____

Pre-anesthetic Blood Profile - $43.36. This will provide us with valuable information about your pet before we do anesthesia. **THIS IS REQUIRED FOR PATIENTS OVER 7 YEARS OF AGE BUT HIGHLY RECOMMENDED FOR ANY AGE. Only by checking <u>NO</u> will this testing not be performed.** No ____

Would you like to have an injection for pain following the procedure ($15.00-$25.00)? ONLY IF NEEDED!!!! Yes ____ No ____

Would you like to have a heartworm/ehrlichia test done on your pet for $39.98 (K-9) or FELV/FIV test for $39.75 (Feline) Yes ____ No ____

Would you like your pet to have OraVet Plaque Prevention Gel to take home? (This helps prevent buildup of plaque). We highly recommend this gel. Approximate cost for an 8 to 16 week supply is $24.00. Yes ____ No ____

Would you like your pet to have a nail trim or anal gland expression at the reduced rate of $8.00/each? Yes ____ No ____

One or all of the following procedures may be necessary to complete proper dental care for your pet. Additional fees may apply:

1. I authorize treatment at this time____

2. Please call before any additional treatments____

PLEASE BE AVIALABLE BY PHONE IF PREAUTHORIZATION IS NEEDED

1. Dental Radiographs FULL MOUTH.....$40.00-$60.00/each (Recommend for all cats and dogs over 4 yrs)
2. Extractionsé é SIMPLE=$7.00/EACH DIFFICULT=$15.00/EACH MAJOR=$60.00- $80.00
3. Antibiotics/Pain Medicationé é é é é é é é é ????? If needed after dental
4. Flea/Tick Treatment é é é é é é é é é é é ..$16.00 (approx. plus tax)

Surgical and Hospital Authorization

I hereby consent and authorize South County Animal Hospital to receive, prescribe for, treat, or operate upon my animal(s). You are to use all reasonable precautions against injury, escape, or destruction of the animal(s), but you will not be held liable or responsible in any manner whatsoever, or any circumstances, on account of the care, treatment, or safekeeping of the animal(s) named below, or otherwise in connection therewith, as it is thoroughly understood that I assume all risk. Financial responsibility for services rendered is due at time of discharge. I also understand that South County Animal Hospital is not staffed twenty-four (24) hours a day and after hour treatment of patient is at the discretion of the veterinarian.

Pet Name(s) _____Phone: _____

Signature _____ Date _____