



Valencia Veterinary Center Dental Consent Form

Owners Name: _____ Pets Name: _____

Emergency Contact: _____ Phone #: _____

Food/Medication:

Last time fed: _____ am/pm Last time medication given: _____ am/pm

Name of medication(s): _____

Any known allergies to medications(s): _____

All items listed below are in ADDITION to the base price for dental procedure.

1) Pre-Operative Blood Screening:

This screening helps us identify potential problems while the patient is undergoing the dental procedure. The more current the screening, the safer the patient is under anesthesia (\$89.50).

_____ Standard Panel _____ I decline the screening _____ Dr.'s Choice

2) Sevoflurane:

This is a shorter acting anesthetic which enables us to stabilize the patient faster after the procedure (\$45.00).

_____ Use Sevoflurane _____ Do not use Sevoflurane _____ Dr.'s Choice

3) I.V. Catheter & I.V. Fluids:

The catheter allows direct access to the vein in case of an emergency, while the fluids maintain essential blood flow to the vital organs and promote optimal blood pressure (\$78.50).

_____ I'd like the I.V. _____ No I do not want the I.V. _____ Dr.'s Choice

4) Tooth Extractions:

Teeth that need to be removed can lead to serious and costly medical problems. The best time for extractions is when the patient is already anesthetized.

_____ Perform extractions if needed _____ Do not perform any extractions _____ Dr.'s Choice

5) X-Rays:

Most dental problems are below the gum line and are not visible, therefore it is recommended that x-rays be taken prior to the dental cleaning so that these problems are addressed before they become painful or life-threatening.

ALL EXTRACTED TEETH REQUIRE X-RAYS (\$78.50)

_____ Take x-rays regardless _____ Only if necessary _____ No x-rays

6) Additional Services:

_____ Vaccines _____ AVID Microchip (\$49.50) _____ Ear Cleaning (\$29.50)
_____ Nail Trim (\$18.50) _____ Anal Glands (\$18.50) _____ Other: _____

*** EKG Monitoring/Pain Injection will be included at no additional charge (\$71.95 value!!).**

_____ I have read this document and understand that there may be additional charges for changes in protocol or medications dispensed as deemed necessary by the veterinarian.

_____ I realize and accept that there is a risk involved with general anesthesia and understand that doctors and staff at VVC will take every precaution during the procedure. The nature of the procedure has been explained to me and no guarantee has been made as to the results or cure.

_____ I declined any of the above recommendations and request that you proceed with the procedure and anesthesia.

_____ I understand the terms of this agreement and authorize VVC and staff to perform the indicated services on my pet.

_____ I understand that all services at this hospital must be financially accounted for before the pet is discharged.

X _____ Date: _____

(Signature of owner/caretaker over 18 years of age)