

HAWKS PRAIRIE VETERINARY HOSPITAL

Dental Admitting Form

Date: _____ Owner's Name: _____
Pet's Name: _____ Weight: _____ Procedure: _____

Please leave **AT LEAST ONE** contact number where you can be reached today.

| Contact Person: | Phone: | Home | Work | Cell |
|-----------------------|--------|-------|-------|-------|
| 1 st _____ | _____ | _____ | _____ | _____ |
| 2 nd _____ | _____ | _____ | _____ | _____ |

Hawks Prairie Veterinary Hospital is committed to providing a safe and welcoming environment for all. Aggressive, threatening, intimidating or disruptive behavior will not be tolerated. Examples of aggressive, intimidating, or disruptive behavior include but are not limited to: *Verbal harassment – yelling, *threatening or intimidating words or body language* Abusive/offensive language or swearing *Physical violence or aggression/Threats of any kind. **These types of behaviors will result in immediate dismissal from the practice.**

Patient History (please check):

- Did your pet eat this morning? YES NO
- Is your pet taking any medications? YES NO If yes, what meds/when given last? _____
- Are your pet's vaccinations current? YES NO
- Does your pet have a history of seizures? YES NO

In Hospital Flea Prevention (\$10.75):

*Fleas can transmit diseases with their bites so, for the protection of all our patients, if we find live fleas on your pet we **will** administer a flea treatment (Capstar®) orally to kill the fleas. Capstar only kills adult fleas present on your pet and has no lasting effect, so it's recommended to treat your pet with a monthly flea treatment to prevent them in the future.

Pre-anesthetic Bloodwork:

We will perform a pre-surgical examination on your pet before administering the anesthesia. However, we highly recommend blood work be performed prior to anesthesia to look for indicators of anemia, dehydration, kidney function, and liver function. By performing this blood work, we will be better able to rule out pre-existing internal problems that may not be evident physically but could lead to serious complications. **There is an additional fee for this procedure (Ranges from \$81.87-\$153, depending on which blood work your veterinarian recommends).**

Please initial: YES, I choose pre-anesthetic bloodwork _____ NO, I decline pre-anesthetic bloodwork _____

Dental Extractions:

Our goal is to help your pet have excellent dental health; but sometimes a tooth is beyond salvaging and can be a constant source of pain. If your pet needs to have a tooth extracted, the cost can range from **\$42-102 per tooth**, depending on the type of tooth/difficulty of extraction. If an extraction is needed, how would you like us to proceed?

Initial **ONE** of the following:

1. _____ Extract tooth/teeth as deemed necessary by the doctor (I am aware additional charges will be incurred because of this option).

OR

2. _____ Please call me before any extractions are performed. **If I can't be reached immediately while my pet is under anesthesia, then:**

Initial **ONE** of the following

_____ Perform extraction/s that the veterinarian deems necessary (I am aware additional charges will be incurred as a result of this option).

_____ Do only what I have already authorized (I am aware an additional anesthetic procedure may be required at a later time to complete my pet's dental care).

Clindoral

Clindoral is an antibiotic gel that is used in cases of pocketing between the tooth and gum, to help the tooth adhere back to the gum tissue. In some cases, we are able to delay or prevent tooth extraction by using this product (**\$58.50**)

Please initial: YES, I would like Clindoral used if appropriate _____ NO, I decline using Clindoral at this time _____

Pain Medications:

Hawks Prairie Veterinary Hospital strongly believes in compassionate, quality medical care for our patients. As a result, all dental patients receive post-operative pain medications to go home with if needed. Pre-emptive pain management helps in patient comfort, speed of healing, quickness of recovery, and appetite post-operatively.

Elective procedures:

The staff at Hawks Prairie Veterinary Hospital would be happy to provide the following services while your pet is here today. Prices for these procedures are as listed. Please mark those services you would like performed:

- | | |
|---|--|
| <input type="checkbox"/> Flush/clean ears (\$54.50) | <input type="checkbox"/> Vaccines (\$39.25) |
| <input type="checkbox"/> * Ear Cytology, if needed (\$46) | <input type="checkbox"/> Express anal glands (\$40.75) |
| <input type="checkbox"/> Fecal examination (\$80) | <input type="checkbox"/> FeLV/FIV test (\$78.50) |
| <input type="checkbox"/> Nail trim (no charge) | <input type="checkbox"/> Microchip and registration (\$81.50) |
| <input type="checkbox"/> Heartworm Test In-house (4DX) (\$65.75) | |

AUTHORIZATION FOR TREATMENT IN THE EVENT OF A LIFE-THREATENING EMERGENCY

In the event my pet experiences a cardiac, respiratory, or other life-threatening emergency that requires resuscitative or other urgent care measures, such as cardiopulmonary resuscitation (CPR), positive pressure ventilation, emergency drugs, or other similar measures, I request that the veterinarians and/or trained staff at Hawks Prairie Veterinary Hospital pursue such medical care as indicated below.

Please initial ONE of the directives listed below:

Client Initials: _____ **Resuscitate(R):** I authorize treatment if the situation arises (including cardiopulmonary resuscitation (CPR) and other life-saving treatments) and understand this may result in additional charges and I agree to pay for these emergency and life-stabilizing treatments even if they exceed any estimate I may have been provided.

OR

Client Initials: _____ **Do Not Resuscitate (DNR):** I do NOT authorize emergency treatment if the situation arises (including cardiopulmonary resuscitation (CPR) and other life-saving treatments) and prefer to be contacted before any additional treatment is performed.

I understand that despite the best efforts of the veterinarians and staff at Hawks Prairie Veterinary Hospital, any emergency treatment, including CPR does not guarantee or assure a favorable outcome for my pet.

Owner's Release:

Upon picking up my pet, I understand that payment is due in full. Our hospital accepts cash, check, debit, Visa, Mastercard & Care Credit. I understand the anesthetic, surgical, diagnostic or therapeutic procedures may involve risk of complication, injury, or even death, from both known and unknown causes, and no warranty or guarantee has been either expressed or implied as to result or cure. Furthermore, I authorize the hospital staff in an emergency situation, to follow through with such procedures as are necessary for the wellbeing of my pet on a continuing basis until further communication with me. I agree to assume financial responsibility for all routine and emergency services rendered.

My signature below indicates my acknowledgement that (i) I have read and agreed to the above, (ii) the procedure(s) have been explained to my satisfaction and that I have all the information I desire, (iii) I have had a chance to ask questions, and (iv) I authorize and consent to the performance of the procedure(s) and administration of anesthesia.

Owner/Agent Signature: _____

Date: _____

We accept the following forms of payment: Visa, Mastercard, American Express, Care Credit, Cash and Check. Please note, payment is due at the time of service.