



Animal Hospital of Pasco

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Dental Procedure Authorization

Form P-507
Rev. 3/27/2015

This form authorizes our hospital to perform a dental procedure on your pet. Dental procedures are generally composed of the following services: Blood work (optional), inhalation anesthesia, administration of pre-op analgesics, dental scaling (oral examination, cleaning, and polishing of each tooth), extractions (if needed), periodontal cleaning (scaling and cleaning of the tooth surface below the gum line), sealant application, and post-op analgesic. Sometimes, depending on the condition of the patient's mouth, dental radiographs may be taken or antibiotics prescribed. This is a one-day procedure; your pet will be ready to go home sometime in the afternoon. We recommend you call our office around 2:30 PM to find out exactly when your pet will be ready to go home (the time varies depending on the complexity of the procedure, patient load, and how the patient reacts to anesthesia).

The cost of a dental procedure varies depending on the condition of the patient's mouth. Extractions are usually the most variable element; simple extractions can be as little as \$5.75 while complex extractions can add \$50.00 or more. Due to the risks and effects inherent to maintaining full sedation, our staff will do what's best for the health of the patient if you cannot be reached.

The following ranges are typical for a basic dental procedure: Feline: \$180-\$220 Canines 30 lbs. or less: \$190-240 Canines 31 lbs. or more: \$200-250
Remember, many dental issues can go undetected until the technician is able to examine the patient under anesthesia; problems that require treatment, such as fractured or broken teeth, major gum recession, or abscesses, may incur greater costs.

Client/Authorized Agent Information

Your first name	Your middle name	Your last name	Suffix (Jr., III, etc.)
Current home address: <i>(include city, state, ZIP; no P.O. boxes please)</i>		Phone number(s) we can reach you at:	Are you the owner of this pet? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are <u>not</u> the owner, what is the owner's first and last name? <hr/> If you are <u>not</u> the owner, has the owner completed the form necessary to designate you their authorized agent? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked 'No' above, please be aware that you will be responsible for payment in full when the patient is discharged.

Patient Information

Patient's name	Patient's date of birth or age as of today	Species <input type="checkbox"/> dog <input type="checkbox"/> cat	Color/coat
Patient's sex <input type="checkbox"/> intact male <input type="checkbox"/> neutered male <input type="checkbox"/> intact female <input type="checkbox"/> spayed female		Please list any allergies or medical conditions the doctor should be aware of.	
Is your pet on any medications? If so, when was the last dose given?		List any additional procedures to be performed in conjunction with dental cleaning (Please be aware there may be additional costs and forms to be completed.)	

Optional Add-Ons

<input type="checkbox"/> Please perform pre-anesthetic blood work (CBC & Brief Chemistry Panel). Cost: \$55.54 Anesthesia of any kind, even proper inhalation anesthesia, carries some risks. These diagnostics help screen for the presence of conditions or diseases that may complicate anesthesia. It can also help detect conditions and diseases in their early stages, before the patient has begun showing obvious signs. Catching these issues early on can allow for more effective treatment.	<input type="checkbox"/> I decline pre-anesthetic blood work.
<input type="checkbox"/> <u>DOGS ONLY</u> . Doxirobe gel application. Cost: \$52.41 Subgingival application of doxycycline with a polymer delivery system. The doxycycline is slowly released from the polymer, providing a local antimicrobial effect which helps treat and control periodontal disease.	<input type="checkbox"/> I decline doxirobe gel application.
<input type="checkbox"/> Please implant an AKC Reunite microchip while my pet is sedated. Cost: \$22.50	<input type="checkbox"/> I decline microchip implantation.
<input type="checkbox"/> Please update my pet's vaccinations as needed. Cost: <i>varies</i> (most vaccinations are \$17.50-20.00 each)	<input type="checkbox"/> I decline vaccination updates.

The nature of such service has been described to me to my satisfaction and I realize that no guarantee nor warranty can ethically or professionally be made regarding the results or cure. I understand that I assume financial responsibility for all services rendered, and that payment is due at time of patient discharge. I certify that I am at least 18 years of age and that I am the owner of, or authorized agent for, the patient described above. In consideration of Animal Hospital of Pasco, P.S. accepting my pet for anesthesia/medical treatment/diagnostic testing, I do hereby release, discharge, and waive any claims, demands, and/or actions against Animal Hospital of Pasco, P.S., its agents, employees, officers, and insurers arising from or relating to injury, illness, or death that may occur during the period of hospitalization. I understand that a finance charge is applied to all accounts unpaid after 30 days. This finance charge is computed by a periodic rate of 1.5% per month which is the annual percentage rate of 18.00%; minimum monthly charge is \$1.50. I certify that I have not allowed this patient to ingest solid foods or medications within 10 hours prior to hospital admission unless specifically directed to do so by the attending doctor. I understand that anesthetizing a patient who has recently eaten may be dangerous. I understand that it is my responsibility to telephone the Animal Hospital of Pasco to find out when my pet will be ready to go home (and that the hospital recommends calling between 2:30 PM and 4:30 PM).

Signature of Owner or Authorized Agent

Date