



Animal Hospital of Pasco

3012 N Road 92
Pasco, WA 99301

(509) 545-9949
www.pascovets.com

Dental Procedure Authorization

Form P-507
Rev. 11/20/2018

STAFF: LAVENDER

This form authorizes our hospital to perform a dental procedure on your pet. Most dental procedures consist of the following services: Pre-anesthetic blood work (optional), hospital ward use, pre-op analgesia, anesthetic induction, inhalation anesthesia, monitoring, dental scaling (oral examination, cleaning, and polishing of each tooth), periodontal therapy (scaling and cleaning of the tooth surface below the gum line), extractions (if needed), and application of a prophyl foam/sealant. 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 should be ready to go home sometime in the afternoon. We recommend that you call our office around 2:30 PM to find out exactly when your pet will be ready (this varies patient to patient).

The cost for a dental procedure varies depending on the condition of the patient's mouth. Extractions are usually the most variable component; most range \$6-\$60, though it's possible for more complex extractions to exceed this. 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: Felines: \$180-220; canines 30 lbs. or less: \$250-350; canines 31 lbs. or more: \$280-380. 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 animal? <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? _____ 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	Date of birth or current age	Species: <input type="checkbox"/> dog <input type="checkbox"/> cat	Sex: <input type="checkbox"/> male/neutered <input type="checkbox"/> male/intact <input type="checkbox"/> female/spayed <input type="checkbox"/> female/intact
Patient's breed/color	Please list medications your pet takes and when the last dose was given, as well as any medical conditions of which we should be aware.	List any additional procedures to be performed (additional costs may apply)	

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. They 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"/>
<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"/>
<input type="checkbox"/> Please vaccinate my pet for rabies. (A rabies certificate will be provided.) Cost: \$19.00	<input type="checkbox"/> I decline rabies vaccination. <input type="checkbox"/>

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 on the date of surgery. 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/surgery/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 admission for surgery unless specifically directed to do so by the attending doctor. I understand that anesthetizing a patient that has recently eaten may lead to serious, life-threatening complications. 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