

**Colonial Veterinary Hospital
2369 N. Triphammer Rd.
Ithaca, NY 14850
607-257-3650
www.colonialvet.com**



PATIENT ADMISSION INFORMATION

Patient:

Client:

REASON FOR STAY: Dental Cleaning

CONTACT PHONE NUMBERS (include all numbers we may need and times available at each number)

ANY OTHER PROCEDURES REQUESTED IN ADDITION TO DENTAL WORK:

MEDICATIONS BROUGHT IN:

PERSONAL BELONGINGS:

Dental Cleaning Estimate/Authorization

Our goal is to help you to keep your pet's teeth and mouth healthy. We can try to achieve this goal together by cleaning your pet's teeth when tartar appears. For some pets with genetic predisposition to oral infection or resorptive lesions, attention to such problems can relieve your pet's discomfort and prevent them from having serious health problems that can develop secondary to dental disease.

Our fees for dental services are broken down into several categories. All items are recommended but some are optional. Please initial the appropriate area to let us know your preferences when asked.

The **Dental Cleaning** fee is based upon the length of time that is needed to clean and polish your pet's teeth. The range of fees is \$59-86.

The **Dental Cleaning** fee includes:

Cleaning (Scaling)

Complete Oral Examination

There are additional fees for **Polishing** and the application of **Fluoride** or a **Plaque Barrier (Oravet)**.

The **Dental Anesthesia** fee is based upon the length of time your pet is anesthetized for the dental procedure. The fees start at \$200 and increase depending upon the total anesthetic time.

Our fee for **Dental Anesthesia** includes:

Intravenous Catheter Placement

Intravenous Fluids with Anesthesia

Anesthetic Pre-Medication

Anesthetic Induction

Anesthetic Monitoring/Hot Water Pad

Inhalant Anesthesia

Anesthetic Recovery

Pre-Operative Laboratory Testing

Pre-Anesthetic testing helps our veterinarian choose the best anesthetic protocol for your pet as well as detect problems with organ function that could increase the risk of an anesthetic complication.

_____ **I authorize a Pre-Anesthetic Screen**

_____ I do not authorize a Pre-Anesthetic Screen

_____ My pet has had laboratory testing within the past 3 months

_____ My pet has not had laboratory testing within the past 3 months. I realize that declining pre-anesthetic laboratory testing may result in unforeseen complications related to anesthesia.

Digital Dental Radiographs

Digital Dental Radiographs provide our veterinarian to document and potentially handle all of your pet's dental problems now. In some cases, the crown or part of the tooth above the gum line appears normal but there is a problem with the root(s). Fees for dental radiographs range from \$38-120 and depend upon how many radiographs are taken.

Dental radiographs are strongly recommended for all cats due to the high incidence of feline oral resorptive lesions (FORLs). We recommend digital radiographs on an as-needed basis in dogs because typically we develop suspicion of a root problem from the appearance of the gum around an affected tooth.

_____ **I authorize the use of digital dental radiographs as recommended by my veterinarian.**

_____ I do not authorize the use of dental radiographs. I understand that my veterinarian may not be able to detect all problems with my pet's teeth without dental radiographs and that without knowledge my veterinarian will not be able to properly address such problems.

_____ I request full-mouth radiographs.

Dental Extractions

In many cases, thorough oral examination reveals diseased teeth. For some problems, extraction is the only option available. For other problems that may be detected, referral to a veterinary dental specialist is an option for pursuing therapeutic techniques that may be able to save the tooth. Please let us know your preferences.

_____ **I authorize my veterinarian to perform extractions as necessary for treatment of any disease process for which there is no other therapeutic option. I understand that fees for extractions are based on the time necessary to perform the extraction as well as the complexity of the**

procedure. I understand that if extractions are necessary that additional pain control and antibiotics may be necessary both in the hospital and at home.

_____ I authorize my veterinarian to perform extractions if indicated and do not wish to pursue referral to a veterinary specialist even if there is a chance the specialist could perform a procedure that could save the tooth, such as root canal. I understand that fees for extractions are based on the time necessary to perform the extraction as well as the complexity of the procedure. I further understand that additional medications such as pain control and antibiotics may be necessary if my pet undergoes extraction of one or more teeth.

_____ I wish to pursue referral to a veterinary dental specialist if my veterinarian feels that there is an option other than extraction for my pet.

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT

I hereby authorize Colonial Veterinary Hospital and its designated associates and assistants to treat, perform specified diagnostic tests and prescribe medication for Java.

I recognize that unforeseen conditions may arise and I authorize the doctors and staff to perform additional procedures (which may require anesthesia) as they in their best judgment deem necessary and/or appropriate. I understand that no guarantees have been made as to the results of the procedures to be performed. I accept financial responsibility for the treatment and promise to pay for all services rendered.

I certify that I have read and fully understand this authorization for medical and/or surgical treatment, the reason why such treatment is necessary, as well as advantages and possible complications, if any.

Owner or Agent's Signature