



**Brentwood Veterinary Center**

2801 Ward Blvd. Suite 6B Wilson, NC 27893

**DENTAL PROCEDURES ADMITTING FORM**

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

- | <u>YES</u>               | <u>NO</u>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are vaccinations current? <input type="checkbox"/> Update today please _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Any vomiting, coughing, sneezing, or diarrhea? _____                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your pet eat this morning? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your pet allergic to any medications? What? _____                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your pet had any accident or illness in the last 30 days? _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your pet currently on any medication? What? _____                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Any other specific problems to be checked? What? _____                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Any dental hygiene products used on a regular basis? What? _____             |

**EXTRACTION & OTHER PROCEDURES CONSENT / WAIVER:**

Many pets require sedation or anesthesia before a thorough examination can be completed. The condition of each tooth must be evaluated before a decision is made as to the best course of treatment. Although no one likes surprises, it sometimes is impossible to give an accurate estimate before sedating or anesthetizing your pet. From an economic standpoint, it is much more economical to complete all needed dental procedures during the initial visit and anesthesia rather than having to schedule another appointment with additional anesthesia required. In an effort to satisfy your desires, please initial the appropriate option below:

- Please **perform** whatever procedures & extractions the doctor deems necessary.
- Please **do nothing more** than the requested dental prophylaxis procedure at this time.

**PRE-ANESTHETIC SCREENING CONSENT / WAIVER:**

Like you, our greatest concern is the well-being of your pet. A physical examination will be performed before anesthetizing your pet. However, many conditions, including disorders of the kidneys, liver, heart & blood cannot be detected without laboratory blood screening and monitoring. For these reasons, we highly recommend pre-anesthetic screening before sedating your pet and multiple-parameter monitoring during the procedure. Please mark the appropriate options below:

- I DO**  **DO NOT** authorize the recommended **Pre-Anesthetic Blood Screen** at a cost of **\$59.50**. I understand and assume all responsibility for additional risks/complications resulting from refusal to approve this pre-anesthetic blood screening for my pet's safety.

**OWNER RELEASE**

*You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that all sedation/anesthesia involves some minimal risk to my pet, but you will not be held liable in any manner whatsoever or under any circumstances in connection therewith as it is thoroughly understood that I assume all risks. I have read the foregoing and agree.*

\_\_\_\_\_  
**Signature (Owner / Agent)**

\_\_\_\_\_  
**Date**

**Phone number where you can be reached TODAY:** \_\_\_\_\_