

# DeSoto Animal Clinic

## Veterinary Medicine & Surgery

Arrive for admission between 8:00am and 8:30 am on \_\_\_\_\_

*Fasting instructions:* NO FOOD after 8:00 PM the night prior to anesthesia. Access to water is acceptable.

**Please Note:** If your pet has external parasites on admission, treatment will be applied at your expense.

### DENTAL PROPHY ADMISSION FORM

Date \_\_\_\_\_

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

I understand my pet is undergoing general anesthesia for the purpose of scaling and polishing the teeth.

**Pre-anesthetic blood testing- \$89.69**  Accept  Decline

This test can help reveal hidden problems, which could alter or even prohibit anesthesia.

**Blood clotting test: \$56.18**  Accept  Decline

Highly recommended before any invasive surgical procedure. Blood clotting disorders are uncommon, but this test can detect abnormalities before pursuing surgery.

**Dental Radiographs**-X-rays can reveal tooth root and bone disease, which is not evident on visual exam.

Perform full mouth radiographs. \$100.00-\$140.00.

Perform any necessary dental radiographs at this time. X-rays are \$25.00 per tooth.

Call with estimate.

**Tooth Extractions as indicated**-Some teeth are so severely diseased that extraction is necessary to control pain and prevent the spread of infection. Extractions range from \$20.00 to \$60.00 a tooth depending on the difficulty.

Perform any necessary extractions at this time.

Call with estimate.

#### **Other Services Requested:**

Express Anal Sacs  Nail Trim  Clean Ears  Microchip

What do you feed your pet? \_\_\_\_\_

When did your pet last eat? \_\_\_\_\_

When did your pet last drink? \_\_\_\_\_

Is your pet on heartworm preventative? \_\_\_\_\_

Is your pet on flea medication? \_\_\_\_\_

Is your pet on any other medications, dosage and last time given: \_\_\_\_\_

#### Permission for Diagnostics and Treatment

##### Please read before signing.

If we find the need for any additional diagnostic labwork, or x-rays, would you like us to:

perform the procedures  contact you with an estimate (ph.# \_\_\_\_\_)

If your pet requires additional surgical/anesthetic procedures, would you like us to:

perform the procedures  contact you with an estimate (ph. # \_\_\_\_\_)

**I permit DeSoto Animal Clinic to treat my pet within the above guidelines.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home phone: \_\_\_\_\_ Wk# \_\_\_\_\_ Cell# \_\_\_\_\_

**Please indicate your preferred contact number.**

Estimate Provided To Client \_\_\_\_\_ Employee Initial \_\_\_\_\_

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