DeSoto Animal Clinic
Veterinary Medicine
& Surgery

DENTAL PROPHY ADMISSION FORM

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.

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: $98.49 ☐ Accept ☐ Decline
This test can help reveal hidden problems, which could alter or even prohibit anesthesia.

Blood clotting test: $59.89 ☐ 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. $122.00-$162.00.
☐ Perform any necessary dental radiographs at this time. X-rays are $32.00 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. Some extractions require more extensive periodontal surgery (gingival flap plus bone resection) which is $100.00.
☐ 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? ☐ No ☐ Yes - Brand? ____
Is your pet on flea/tick medication? ☐ No ☐ Yes - Brand? ____
Is your pet on any other medication(s)? ☐ No ☐ Yes **If yes, dosage & time last 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 (Phone #: ______________________)

If your pet requires additional surgical/anesthetic procedures, would you like us to:
☐ Perform the procedures ☐ Contact you with an estimate (Phone #: ______________________)

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

Signature: ____ Date: __________________________

Home #: ________________________ Cell #: ________________________ Work #: ________________________

Please indicate your preferred contact number: __________

☐ Estimate Provided to Client __________ Employee Initial

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