

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: \_\_\_\_\_

Please check box and initial below:

\_\_\_\_\_ I understand that my pet is undergoing general anesthesia for the below procedure

Procedure(s) scheduled for today (may not include additional post-op pain control AND does not include any medication to be sent home)

\_\_\_\_\_ Base Price for Feline Dental Prophy \$330.00

\_\_\_\_\_ Base Price for Canine Dental Prophy \$370.00

Additional Diagnostics/Treatments:

Pre-anesthetic blood testing: \$121.40  Accept  Decline

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

Blood clotting test: \$76.90  Accept  Decline

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

Electrocardiogram Screen (ECG): \$52.00  Accept  Decline

This screen can help detect abnormal electrical impulses and/or changes in the size of the heart.

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

Perform full mouth radiographs. \$145.00-\$185.00.

Perform any necessary dental radiographs at this time. X-rays are \$48.00 per view.

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 \$30.00 to \$80.00 a tooth depending on the difficulty. Some extractions require more extensive periodontal surgery (gingival flap plus bone resection) which is \$125.00.

Perform any necessary extractions at this time.

Call with estimate.

Other Services Requested:

Express Anal Sacs \$28.00  Nail Trim- Complimentary  Clean Ears \$30.00  Microchip \$55.00

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 additional Diagnostics and Treatment. Please read before signing.

If we find the need for additional diagnostic lab work or x-rays, or surgical anesthetic procedures, would you like us to:

Perform the procedures if below \$ \_\_\_\_\_  Contact you with an estimate

I permit DeSoto Animal Clinic to treat my pet within the above guidelines, please provide us with phone numbers where we can reach you for any questions or concerns. If we cannot reach you, by signing below, you authorize our doctors to make any necessary medical decisions (if needed) in your pet's best interest.

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

Primary Phone : \_\_\_\_\_ Secondary Phone : \_\_\_\_\_