

EAST DALLAS VETERINARY CLINIC

8541 Ferguson Road, Dallas, TX 75228

214-328-9935 FAX: 214-328-4378

Dental Procedure Release Form

Owner's name: Pet's name:

Doctor preferred: Dr. Cantrell Dr. Ellsworth Dr. Martin No preference

Date of last vaccinations per EDVC records:

REQUIRED: Telephone number where you can be reached during the surgical/dental procedure, if necessary:

Canine/Feline (circle one) Breed: Sex: M F Altered? Yes No

Description/Color:

Please answer the following questions:
Yes No Is your pet on Heartworm prevention?
Yes No Has your pet been checked for internal parasites within the past 6 months?
Yes No Any vomiting, coughing or diarrhea noted?
Yes No Has your pet eaten this morning?
Yes No Has your pet been ill or injured in the past 30 days?
Yes No Is your pet allergic to any medications? If so, what?

Please authorize the desired procedures:
Yes No Dental - Level Unknown - to be determined after examination by doctor
Yes No Dental - Level I YES I am willing to try oral home care products.
Yes No Dental - Level II NO I am not willing to try oral home care products.
Yes No Dental - Level III
Yes No Dental - Level IV
Yes No Dental - Recheck
Please refer to our Schedule of Fees - Dental Disease, Prevention and Treatment for elaboration on these Levels.
After all tartar and plaque have been removed, our dental technician uses Dental X-Rays and special equipment to see if there is advanced gum disease or infected teeth. Based upon the findings of this examination, the level of periodontal disease may change.

Recommended Additional Procedures
Yes No 1. Geriatric or high risk patients - special anesthetic procedures (propofol, sevoflorane), IV fluids, etc.
This includes special preanesthetic and gas anesthetic for our geriatric or high risk patients as well as IV catheter/fluids.
Cats \$56.25-\$101.75 Dogs \$56.25-\$121.75 depending on breed and size
Yes No 2. Preanesthetic blood panel
This is important for all pets. It may reveal anesthetic concerns or bleeding problems. We recommend this for all pets if they have not had blood work done within the past 2 months. Cost - \$81.00
3. Extractions
I understand extractions may be necessary and I authorize this procedure.
I wish to be called to discuss any recommended extractions.

At the Doctor's discretion, IV induction anesthesia may be used at an additional cost, approximately \$10, primarily for the safety and comfort of dogs that are elderly, weigh over 40 pounds, or become fractious when being anesthetized.

Additional services requested:
Yes No Nail trim - \$9.00-\$19.00 Yes No Express Anal glands - \$9.00
Yes No Microchip for identification - \$65.00 Yes No Clean ears - \$19.00

I authorize the Doctors/Technical Staff of East Dallas Veterinary Clinic to administer treatment as is needed; perform surgical procedures as deemed necessary, and perform such additional procedures as are considered therapeutically and/or diagnostically indicated on the basis of findings during the course of evaluation. I consent to the administration of necessary anesthetics. I am aware that unforeseen events will not relieve me from any obligation to all reasonable costs incurred regarding my pet.
I am the owner or agent for the above described animal and have the authority to execute this consent and authorization of the above-named procedure(s).
I understand that during the performance of the procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s), or even different procedure(s), than those set forth previously.
I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian's professional judgement.
I have been advised of the nature of the procedure(s), as well as the risks involved, and also realize that results cannot be guaranteed.
The Hospital will use all reasonable precautions, but the Hospital will not be held liable or responsible for occurrences beyond its control.
I additionally authorize the use of appropriate anesthesia, pathologist examination of excised tissue as deemed appropriate by the veterinarian, and the administration of other medications, and understand hospital staff will be utilized as deemed necessary by the veterinarian.
I have read and understand this authorization and consent.

Please note: Any pet found to be carrying fleas and/or ticks will be treated at an additional expense.

Date: Signature: