EVH

Eastside Veterinary Hospital

Dental Cleaning / Anesthesia Permission Form

When cleaning your pet's teeth, we will provide an extensive examination of the oral cavity. At that time, we may need to perform extractions of diseased teeth. An infected, loose tooth can be very painful to your pet. Therefore, we feel it is important to remove these teeth to help your pet feel better and remain healthy. There is an additional charge for tooth extractions. If you have any concerns about possible tooth extractions, please feel free to consult with one of our veterinarians.
We may also need to place your pet on antibiotics after the dental cleaning. These medications can reduce infection not only in the mouth, but also throughout the body. Dental infections can easily spread to many organs including the heart, kidneys, and liver. Antibiotics can help prevent this from occurring.

Name of Pet: _____ Sex: _____ Age: _____

☐ Dental Package recommended
- Digital X-rays
- Pre-anesthetic profile*
- Dental Cleaning & Polishing
- Dental Chews or SDC t/d food
- Fluoride Treatment
- Antibiotics (if indicated)

☐ Dental Cleaning and Polishing Only

IV Catheter for Anesthesia (CHECK ONE)
We recommend fluids during surgery to maintain blood pressure and provide an access to the heart for emergency drugs if needed.

☐ Administration of fluids during anesthesia
☐ Not at this time

Additional Procedures

☐ DHLPPC, Kennel Cough, & Rabies Vaccinations
☐ FVRCPC, FeLV & Rabies Vaccinations
☐ Ear Cleaning
☐ Deworm (done by weight)
☐ Pampered Bath
☐ Clip Nails
☐ Heartworm Solo Test
☐ Express Anal Glands

I understand that during the performance of this procedure, unforeseen conditions might be revealed that necessitate an extension or variance in the procedure(s) set forth. I expect EASTSIDE VETERINARY HOSPITAL to use reasonable care and judgment in performing the procedure(s). Possible complications of anesthesia include, but are not limited to: post anesthetic sedation, seizures, and death. The nature of the procedure and risks involved has been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal.

MUST BE CURRENT ON VACCINATIONS

Signature of Owner/Agent: _____ **Date:** _____

Owners Phone Number(s): _____

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