

**WESTMORELAND & SLAPPEY ANIMAL HOSPITAL, LLC
DENTAL CONSENT FORM**

PLEASE READ WHAT YOU ARE SIGNING

THE FOLLOWING PREANESTHETIC DENTAL PROCEDURES ARE AVAILABLE FOR ADDITIONAL FEE'S AS LISTED BELOW.

Your pet is scheduled for a procedure that requires the use of an anesthetic. There is an inherent risk with any anesthetic episode. In order to minimize the risk to your pet we recommed that all patients that are being admitted for anesthetic procedure have a pre-anesthetic blood screening. These tests will help detect the presence of conditions such as dehydration, anemia,infection,diabetes and/or kidney,liver disease, or electrolyte imbalances which complicate an anesthetic procedure. We will be glad to run these test prior to surgery.

I would like the pre-anesthetic blood work prior to surgery.

The additional fee is \$77.50

Yes _____ No _____ Initial _____

Sometimes it is necessary to extract teeth during a dental procedure.

If deemed necessary by the doctor I agree to any extractions. Additional fee will apply.

Yes _____ No _____ Initial _____

I would like to be called prior to any extractions. Number to call _____

Yes _____ No _____ Initial _____

I would like my pet to have a post-op pain injection after dental. Post-op pain injection is mandatory if any extractions are performed. \$Cost is 16.50

Yes _____ No _____ Initial _____

We recommed all patients be microchipped. The cost is \$40.00. We will register your pet at no additional charge.

Yes _____ No _____ Initial _____

Patient Information

Owner/Agent Name _____ Date _____

Patient Name _____

Home Phone _____ Work _____ Cell _____

My pet last ate (date and time) _____

Printed Name _____ Signature _____
