

DENTAL PROCEDURE ADMITTING FORM

RIO GRANDE ANIMAL HOSPITAL ~ 1913 CANDELARIA NW
ALBUQUERQUE, NM 87107
TELEPHONE; (505) 344-5353 ~ FAX (505) 345-0581

Client: _____ Date: _____
Patient: _____

MEDICAL HISTORY

Has your pet recently experienced any coughing/sneezing/vomiting/diarrhea? YES NO

If yes, please describe: _____

Is your pet **allergic to any drugs** that you know of? _____

Is your pet **currently on any medications**? If so name of drug and dose: _____

Are there any issues with your pet you'd like addressed today? _____

Other elective procedures previously discussed to be performed today? YES NO

If yes, please list: _____

Remove skin warts or growths YES NO Location: _____

Flush and clean ears YES NO Nail trim YES NO

Microchip (\$54.08) YES NO

PRE-ANESTHETIC TESTING CONSENT

Our caring staff members want to ensure your pet's well being at all times. Our doctor will perform a comprehensive exam prior to anesthetizing your pet however; many disorders of the kidneys, liver, blood system or other organs cannot be detected without blood work. That is why we strongly recommend performing a pre-surgical blood screening before administering anesthesia. The cost of this varies based on your pet's age and health but can be estimated between \$73-\$200 and will be determined before we proceed.

YES _____ NO _____ ALREADY DONE _____

CONSENT FOR EXTRACTIONS AND OTHER PROCEDURES

A thorough dental exam cannot be completed until your pet is under anesthesia. We will carefully evaluate each tooth to best determine treatment. To help avoid surprise charges, a staff member will call you to update the estimate during the procedure if additional services are needed. We recommend addressing all problems today if possible, to avoid scheduling another procedure and undergoing additional anesthesia. _____ **Initials**

I have been informed and understand the minimum charges for your pet's dental is \$315.00 for cats and \$353.00 for dogs. This amount includes a pre-anesthetic exam, hospitalization, IV catheter and IV fluids, 30min of anesthetic time, patient monitoring and the dental scaling, polish and evaluation. _____ **Initials**

We sincerely understand the impact of today's cost on your budget. So in the best interest of your pet's health, we can decide together how to proceed. That may mean doing all the necessary procedures today, or we might want to divide what is needed into multiple visits.

Thank you for trusting us with your pet's health and well being.

Client Signature: _____ Date: _____

Print Name: _____

Phone Number(s) where we can reach you **TODAY**: _____

