

# New Baltimore Animal Hospital

## DENTAL ADMISSION CHECKLIST

Client Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Your pet is being admitted for a dental cleaning and/or extractions. A general anesthetic is required. This allows the doctor to give a more extensive oral examination. Occasionally, we may find diseased teeth or gums that were not obvious in the initial exam and additional dental procedures would be in the best interest of your pet's health. Pain Medication and antibiotics may be given to your pet as needed. **Additional work and medications will be charged accordingly.**

If **additional dentistry** is needed, do you authorize the work to be done? Yes No

Would you like to be contacted before doing any additional work? Yes No

If we are unable to reach you, do you want the additional work done anyway? Yes No

(Please realize that if you choose not to have additional work done at this time, your pet may need to undergo general anesthesia again in the future.)

A **ProVSeal treatment**, application of a special wax coating to create a barrier to protect teeth from tartar, plaque, gingivitis, is now offered. This lasts 45 days and after that may be reapplied weekly.

Would you like us to apply ProVSeal? Yes No

**Food:** Has your pet had food since midnight? Yes No

**Medications:** Has your pet had any meds in the past 24 hours? Yes No If yes - what?

**Special Diet:** Is your pet on a special diet?

**Personal Items:** Please list any items you are leaving from home (blankets, toys, carrier)

**Pre-op Blood Profile:** We highly recommend this important blood test, it will enable us to rule out many pre-existing internal problems (infection, anemia, kidney/liver function) that may not be evident physically, but could lead to serious complications. Would you like the blood screen? No Yes

**Mini Screen** (less than 6 years) \_\_\_\_\_

**Geriatric Screen** (over 6 years) \_\_\_\_\_

**Annual Recommendations:** Would you like to have these updated? No Yes

Rabies \_\_\_\_\_

Distemper/Parvo \_\_\_\_\_

Heartworm Test \_\_\_\_\_

Corona \_\_\_\_\_

Kennel Cough \_\_\_\_\_

Lyme Vaccine \_\_\_\_\_

Lepto \_\_\_\_\_

Fecal (stool) test If we find parasites, may we deworm your dog? No Yes

**Tattoo or Microchip:** for permanent identification.

Tattoo No Yes If tattoo is chosen a social security number must be provided.

Microchip No Yes

**Heartworm Preventative:** Is your dog consistently on one? Monthly Daily None

**Anesthesia given to a heartworm positive dog can be fatal.** If you have not given the preventative consistently your dog should be tested. Dogs in our area should be on preventative year round.

**Pain Medication** and/or antibiotics will be given to your pet prior to surgery if indicated. This charge is additional and is based on the weight of your pet. Additional medication will also be sent home if it is needed.

**Elizabethan Collar:** If your animal begins licking or biting at the surgical site, we will place an E-collar on the pet to prevent damage to the area.

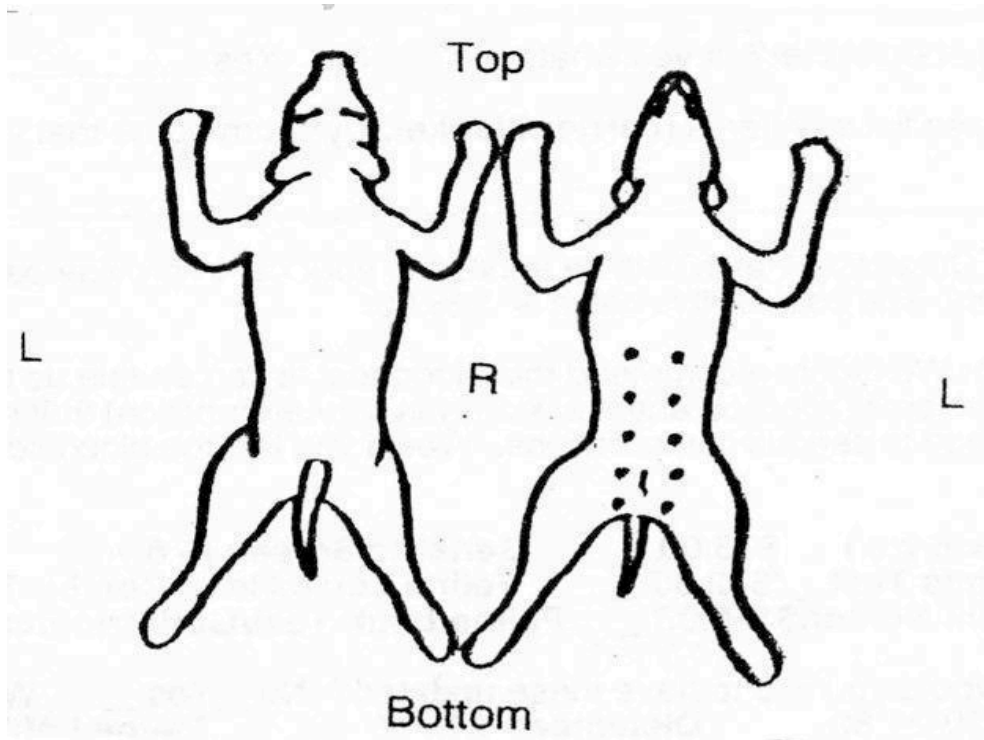
Do you need an estimate or more information on any services offered? No Yes

Are there any other problems with your pet that you would like to discuss?

---

I authorize the performance of \_\_\_\_\_  
(procedure - be specific)  
on \_\_\_\_\_  
(name of patient)

If you are requesting additional work please mark the diagram below, to confirm the area for which you are authorizing the above procedure to be performed.



I authorize New Baltimore Animal Hospital to perform the above procedure/procedures. The nature of the procedure has been explained to me fully and no guarantee has been made as to the results or cure. I understand that there may be a risk involved in these procedures and my questions have been answered to my satisfaction.

Phone numbers: Please list where you can be reached today in the event of an emergency. Also after surgery and once your pet is awake, we will try to contact you with a progress report.

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

Owner/Owner Agent Signature: \_\_\_\_\_

Admitting Staff Signature: \_\_\_\_\_