



Deer Park Pet Hospital
 #4,420 Allan Street
 Red Deer, AB T4R 2K7
 Ph. (403) 342-5200 Fax
 (403) 342-5203

Office Use:
Date _____
Weight _____

Feline Dental Consent Form

Client Name _____
 Pet Name _____
 Contact Number(s) _____

Thank you for caring for your pet by bringing them to us today for dental treatment. By doing this, we can better not only your pets dental but systemic health. Today we shall do a scaling and polishing treatment as well as a total oral health assessment.

Survey Dental Radiographs

During every dental treatment, all teeth are carefully evaluated for disease and pathology. However, most of your pet's dental disease is below the gum line. By performing dental radiographs (x-rays) we can also look for these problems. This allows us to provide the best possible care for your pet.

Scaling, polishing, and full oral exam:	\$78.00
General anesthetic:	Induction	\$203.00
	Maintenance.....	\$194.00
	Dental Radiographs (Full Mouth)	\$79.00
Pre-placed I.V. catheter with continuous fluids	\$100.00

Total **\$654.00**

Pre-Anesthetic Blood Work

Blood tests are used to screen for medical problems that may not be apparent on physical examination and could increase anesthetic risk. More involved tests provide more information but incur greater costs. We encourage some level of blood screening be done for all animals undergoing an anesthetic. We recommend option 1 senior animals.

Option 1	Extensive Blood Panel.....	\$182.50	
Option 2	Regular Blood Panel.....	\$155.00	
Option 3	Decline pre-anesthetic blood tests.....	Basic Price	

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Necessary Dental Procedures

While under anesthesia, disease is often found that cannot be seen during an awake exam. This may need to be further assessed with radiographs or treated with procedures such as extractions.

- Option 1** Permission to perform necessary proceduresup to \$600.00
- Option 2** No procedures beyond cleaning unless contacted.....Basic Price

Please Note – If you cannot be contacted while your pet is under anesthesia we will only do what has been authorized. Unfortunately, this may require another anesthesia for future treatment, if this permission was not given.

I understand that reasonable care and precautions will be taken with regard to restraint, anesthesia, and surgery performed on my pet. I also understand that any procedures requiring anesthesia are associated with certain amount of risk. I accept responsibility for these risks and authorize the hospital to perform the procedure(s) or surgery(s) on my pet while under anesthesia.

Signature _____

Date _____