

# Dental Admission Form

Client Name \_\_\_\_\_ Patient \_\_\_\_\_

Date \_\_\_\_\_

**DID YOUR PET EAT THIS MORNING? \_\_\_ YES \_\_\_ NO**

All Dentals (Grade I, Grade II and Grade III ) include the following:

- |  |                        |                                  |
|--|------------------------|----------------------------------|
| -Standard Pre-anesthetic blood profile | -Anesthesia Induction  | -OraVet Professional Application |
| -Hospitalization                       | -Anesthesia Monitoring | -Antibiotic Injection            |
| -Pre-Medications                       | -Scaling & Polishing   |                                  |
| -IV Catheter and IV Fluids             | -Fluoride Treatment    |                                  |

## GRADE I DENTAL



**FELINE DENTAL COST: \$250.00**

**CANINE DENTAL COST: \$280.00**

Full Mouth Digital X-Rays: \$200 \_\_\_ I authorize \_\_\_ I decline

**Extractions:** \_\_\_ I Authorize the extraction of teeth, if advisable for my pet, and understand additional charges will be added. (\$40-\$300 per tooth)  
\_\_\_ I Decline the extraction of any teeth.  
\_\_\_ Please call me at ( ) \_\_\_\_\_ before extracting any teeth.

**Pain Management:** With advancing technologies and medications we can now offer post-operative pain management for our patients. This can help with faster recoveries and ease the anxiety associated with pain and soreness.  
\_\_\_\_\_ Doctor to decide if needed (cost dependent upon weight: \$21-\$80)

## GRADE II DENTAL



**FELINE AND CANINE COST: \$800.00**

Grade II Dental cost includes Digital x-rays, extractions, pain medications and oral antibiotics.

## GRADE III DENTAL:



**FELINE AND CANINE COST: \$1200.00**

Grade III Dental cost includes Digital x-rays, extractions, pain medications and oral antibiotics.

Since OraVet is being applied today on your pet we recommend the take home kit for \$25.00.  
\_\_\_ I authorize  
\_\_\_ I decline

I understand that there may be risks involved in this procedure. I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications. I understand that any estimate received was only an approximation, and the final bill may be greater or less than this amount. All pets must be vaccinated, clean, and free of ticks and fleas or will be treated at the owner's expense at the time of admission.

**ALL SERVICES AT THIS HOSPITAL MUST BE PAID IN FULL PRIOR TO PETS RELEASE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_