

Dental Procedure Form

Owner's name: _____ Date: _____

Phone Number where you can be reached today: _____

Pet's name: _____ Vaccine History: Current Update Today

If your pet's vaccine history is not verifiably current, your pet will receive all mandatory vaccines if possible. The condition of each tooth must be evaluated before a decision is made as to the best course of treatment. It is sometimes impossible to give an accurate estimate before sedation. From a financial standpoint, it is more economical to complete all needed dental procedures during the initial visit and sedation.

Please check the appropriate option:

- Perform whatever procedures and extractions are required
- Perform whatever procedures and extractions are required up to \$ _____
- Perform only the requested dental prophylaxis procedure at this time
- Call me after the sedation and exam with an estimate if any additional procedures are needed

Did your pet eat this morning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
Any vomiting, coughing, sneezing, or diarrhea?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
Does your pet have a history of seizures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
Has your pet ever had an anesthetic problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
Is your pet allergic to any drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please List: _____
Is your pet currently on any medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please List: _____

Home Again Microchip Consent: \$53.50

For the safety of our patients, we recommend a microchip implant to assure the safe return of any lost pets. While your pet is sedated is the best time to inject the implant. My pet is already microchipped.

- I DO I DO NOT authorize my pet to be implanted with a microchip

Resuscitation

I hereby authorize the Doctors and the staff of Cat Care of Fayette to attempt advanced life saving measures in the case of respiratory and/or cardiac failure. I understand that even though these measures are taken, the doctors and the staff of Cat Care of Fayette may not be able to successfully resuscitate my pet.

I also understand that I am responsible for the incurred costs for the advanced life saving measures. In the event that my pet needs advanced life saving measures, Cat Care of Fayette will make every attempt to contact me for authorization of further treatment once my pet is stabilized. (\$200-\$300)

I understand that my expressed wishes on this form will be considered a standing request while I am a client of Cat Care of Fayette. If at any time I desire to change my wishes, I will do so in person by signing the appropriate forms before any standard treatments are rendered.

- I do authorize resuscitation I do not authorize resuscitation

I authorize Cat Care of Fayette to examine and treat my pet, and by signing below declare that I have authority to approve such treatment. Signer agrees to take financial responsibility in the event the doctor suffers damages due to treatment that was fraudulently, or improperly, authorized by signer.

I understand that I am responsible for all charges incurred and must pay for those charges in full upon services being rendered.

Owner/Agent Signature: _____ Date: _____