

DENTAL PROPHYLAXIS AUTHORIZATION

ALL PETS MEDICINE, SURGERY & REHABILITATION CLINIC
MAPLETON, MN 56065 507-524-3748

This is a big day for your Pet!!

It is our goal to make you and your pets' experience as smooth and comfortable as possible. By carefully filling out the information on both sides of this sheet, you will help us give exactly the level of care that your pet deserves.

Remember, our staff wants to help with any questions that you might have!

Owner's Name: _____ Pet's Name: _____ Pet age: _____

Phone number(s) where you **WILL BE AVAILABLE** on the date of your pet's procedure: _____

How would you like us to communicate with you after surgery? Text OR Phone call

Is your pet currently taking any medications? If yes, what medications and when was last dose?

Today, your pet is scheduled to have a dental prophy performed. He/she will be undergoing general anesthesia for this procedure and if 4 years or older will have an IV catheter placed in one of his/her front legs for support under anesthesia. (You'll notice the small shaved area when he/she goes home later today.) After the cleaning, polishing, and probing are complete, dental radiographs will be performed to evaluate the roots of potentially problematic teeth. We will also provide a pain medication injection and two days of oral pain medication if necessary. The IV fluids, radiographs, and pain management are included in the price of the dental prophy and thus will not incur any additional expense for these services.

Yes No

_____ I give the doctor permission to extract teeth during dental cleaning if deemed necessary.

If extractions exceed \$125.00 we will contact you at phone number listed above

Pre-Anesthetic blood screen (\$48.78). Like you, our greatest concern is the well-being of your pet. Before any anesthetic procedure your pet will receive a comprehensive physical exam. However, there are many conditions, including disorders of the kidneys, liver, or blood, which cannot be detected by physical exam alone. Pre-anesthetic blood work provides the doctor with more information on your pet's overall health, and that information aids in making anesthetic decisions.

Pre-anesthetic Blood Work is HIGHLY RECOMMENDED before any and all anesthetic procedures. We are able to complete these tests in house and have results in minutes.

Yes, I agree to the vitally important pre-anesthetic blood screening and would like this test completed prior to anesthesia.

OR

No, I understand the risk of not completing the pre-anesthetic blood screening, and I decline testing.

INITIALS: _____

***PLEASE FINISH ON BACK OF SHEET* ☺**

Fleas: It is important to keep our patients free of external parasites such as fleas and ticks. If your pet is diagnosed as having fleas or ticks while in the care of All Pets Medicine, Surgery, and Rehabilitation Clinic, your pet will be treated at an additional cost. **INITIALS:** _____

Vaccinations: Prevention is paramount to maintaining a healthy pet; therefore, the doctors and staff of All Pets require that your pet be current on all core vaccinations (Distemper/Parvo and Rabies) and highly recommend Lyme and Kennel Cough.

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Canine Vaccines Required:

Needs Rabies Needs Distemper/Parvo Patient current **INITIALS:** _____

Canine Vaccines Highly Recommended: Lyme Kennel Cough

Feline Vaccines Required:

Needs Rabies Needs Distemper/Upper Respiratory Patient current **INITIALS:** _____

Feline Vaccines Highly Recommended: Feline Leukemia

OTHER SERVICES: Please check any of the following services you would like us to perform.

- Heartworm Test (Dogs) (\$46.17)** **Check Ears (no charge)**
- FelLV/FIV Test (Cats)(\$41.15)** **Nail Trim (no charge)**
- Microchip (\$49.43):** Email to register microchip to: _____
- De-worming** **Other (please explain)**

If we find any abnormalities during our examination before the procedure, we will attempt to reach you so that we can discuss them with you.

He/She will be ready for you to pick up this afternoon after 2:00p, **please schedule a time to do so.**

Pick up time: _____ **(PLEASE SCHEDULE A TIME WITH THE TECHNICIAN)**

Owner Signature: _____ Date: _____

Staff member check in initials: _____