

Aztec Animal Hospital

DENTAL PROPHYLAXIS FORM

Thank you for giving us the opportunity to care for your pet(s) teeth. We'll be happy to answer any questions you have about your pet's dental health. To insure the best dental care possible, please take the time to fill in this form completely before your pet's dental prophylaxis.

Owner's name: _____
Home Phone #: _____ Work Phone #: _____
Cell Phone #: _____
E-Mail: _____
Pet's name: _____ Dog Cat
Age: _____ Breed: _____

Is this your pet's first dental prophylaxis? Yes
 No, I have my pet's dental prophylaxis done every: 6 months Once a year When I can't stand my pet's breath any longer.
Does your pet needs any teeth extractions? No Don't know Yes, how many? _____
Is your pet currently on antibiotics? yes no

Authorization for Dental / Surgical Treatment

Our greatest concern is the well being of your pet. We will perform an examination on your pet prior to giving anesthesia. Many conditions, including disorders of the liver, kidneys, or blood are not detected unless blood testing is performed. These metabolic derangement's could lead to complications or even death (Initials)____. To avoid potential problems, and further protect your pet's health and safety, we require blood screening prior to anesthesia and/or surgery. Our in-house laboratory is fully equipped to perform these tests. Results are available to evaluate before anesthesia is given.

Pain medication, antibiotics and anti inflammatory medications are recommended to ease the pain and prevent any infections prior, during and after dental prophylaxis.

PAIN INJECTION ANTIBIOTIC INJECTION ANTIINFLAMMATORY INJECTION.
 DENTAL PROPHYLAXIS X-RAYS EAR FLUSH
 TRIM NAILS REGULAR TRIM NAILS TO THE QUICK (under anesthesia ONLY)
 GROWTH/ TUMOR REMOVAL VACCINATIONS (Pets must be up to date on ALL VACCINES prior to surgery) OTHER _____

I understand that anesthesia carries risks and I give Aztec Animal Hospital permission to place my animal under anesthesia. I authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the Veterinarian. I realize that results cannot be guaranteed. I have read and understand this authorization and consent. I authorize today a maximum expenditure of \$ _____ prior to speaking to the Veterinarian.

Owner signature: _____ Date: _____