

Watson Road Veterinary Clinic

Dental - Client Form

Date: _____ Client Name: _____

Phone Number: _____ Alternate Phone Number: _____

Patient Name: _____ Weight: _____

Breed: _____ Sex: _____ Age: _____ Color: _____

Watson Road Veterinary Clinic will use all precautions involved to minimize anesthetic and surgery risk and complications. I am aware of the inherent risk present with the use of drugs, anesthesia, or surgery. I also understand that complications can be due to pre-existing conditions that may not be evident from physical examination and/or bloodwork.

Dental Total - \$480

This includes:

- Dental Cleaning
- Anesthesia
- Pre-Anesthetic Bloodwork (CBC/Chem 17)
- IV Catheter and Fluids
- Anesthesia Monitoring
- Dental Hospitalization

Full Mouth Dental Radiographs - \$125

Recommended by American Animal Hospital Association (AAHA) to evaluate dental disease under the gum line.

_____ Yes, I consent to full dental radiographs.

_____ No, I do not consent to full dental radiographs. I am aware that the dental radiographs will NOT be done. This may lead to missed oral health concerns under the gum line resulting in pain and health issues with my pet.

Single Tooth Dental Radiographs - \$40/Tooth

In the case that we need to extract a tooth, we will take a radiograph of the area to ensure that the tooth has been completely removed and that there is nothing under the gum line. This is required with every extraction.

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Dental Extractions - \$25-\$200

Occasionally, we find broken, decayed, or dead teeth during the dental cleaning and dental radiographs. These diseased teeth will need to be extracted.

Should a Technician or Veterinarian call before performing extractions?

Yes No

If yes and we are unable to reach you, should we proceed with the necessary extractions?

Yes No

In House Injections for Pain or Antibiotic Injections - \$25-\$50

Medications to Go Home - \$0-\$50

The severity of periodontal disease and necessary treatment often cannot be fully determined until the pet is under anesthetic. Additional charges will be determined by the doctor at the time of procedure.

By signing below, I authorize Watson Road Veterinary Clinic to perform anesthesia, dental cleaning, surgery, and each additional service I have given consent for with my initials above.

Signature: _____ Date: _____

Watson Road Veterinary Clinic Staff Member:
