

Valley Veterinary Clinic
Comprehensive Dental Check-In



Your pet is here for a comprehensive dental cleaning. This includes a complete oral examination, general anesthesia, and ultrasonic cleaning and polishing of the teeth. Please answer the following questions in relation to the procedure. Thank you.

1. My pet is here for the following procedure(s):

2. If any, what medications is your pet on?

3. Has your pet eaten today? No Yes if so, when _____

4 We highly recommend having blood work performed prior to anesthesia. This gives us information regarding your pet's overall health, gives us a baseline of normal values to compare to in the future, and helps detect early signs of disease such as diabetes or kidney issues. Would you like a pre-anesthetic blood panel performed on your pet today? (cost: \$59.00). Yes No

5 Dental radiographs (x-rays) are an important tool in early detection and prevention of tooth related disease such as tooth root abscesses or resorptive tooth roots. We recommend every dental exam be accompanied with films in order to have a complete picture of your pet's overall dental health. Would you like dental radiographs performed on your pet today? (cost \$64.50). Yes No

6 During your pet's oral exam, there may be teeth that are fractured, loose, or have exposed tooth roots. We recommend these teeth be pulled due to the high probability of complications. If dental extractions are necessary, is it ok for us to extract teeth? There may be an additional charge. Yes No

7 Do you have any other questions or concerns that you would like checked on your pet today?

8 Would you like your pet to have a nail trim today (no charge)? Yes No

9 If your pet is due for vaccinations, would you like us to give them today? Yes No

DAPP: FVRCP/Felv: Lepto: Rabies: Bordetella:

Sedation and or anesthesia is necessary for the comfort and safety of your pet. While I understand that Valley Veterinary Clinic uses only safe and approved sedatives and anesthetics, **I also understand that no sedative or anesthetic is risk free.** With that knowledge, I hereby authorize Valley Veterinary Clinic to sedate or anesthetize the above mentioned animal if required for the procedure(s) described above. I also release the staff of Valley Veterinary Clinic from any and all

Client Signature: _____ **Phone:** _____ **Date:** _____

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claims, except claims for negligence, arising out of or connected with the performance of the requested care and / or treatment.

Client Signature: _____

Phone: _____

Date: _____