



**YELM VETERINARY HOSPITAL
1120 YELM AVE W
YELM, WA 98597**

CLIENT ID # _____

DENTAL ADMISSION FORM

DATE: _____

PATIENT NAME: _____

CLIENT: _____

SPECIES: _____

ADDRESS: 10072 TERRA GLEN ST SE

BREED: _____

HOME PHONE: _____

SEX: _____ **AGE:** _____

Emergency Phone:

I am the owner or am responsible for the above named animal and have the authority to execute this consent. I hereby authorize the performance of the following procedure.

Procedure(s):

DENTAL

FOR THE PROTECTION OF ALL OUR PATIENTS OUR HOSPITAL STRONGLY RECOMMENDS PATIENTS BE CURRENT ON ALL VACCINES

- I wish to have my pet's vaccines made current.
- I have provided proof of current vaccination on my pet
- I wish to decline vaccinations

A PRE-OPERATIVE BLOOD SCREEN IS STRONGLY RECOMMENDED PRIOR TO ANY ANESTHETIC PROCEDURE FOR THE SAFETY OF YOUR PET: WE OFFER THIS FOR \$86.93

Our hospital policy is that all animals undergoing an anesthetic procedure have minimal bloodwork to assess anemia and clotting ability. An intravenous catheter and fluids are also a requirement for the safety of your pet during anesthesia. Therefore it is a requirement that we perform these services for your pet. The fee for this is \$29.87.

Initial _____ Yes, For my pet's safety, I would like to request pre-anesthetic bloodwork

Initial _____ Yes, I would like my pet's anal glands expressed while under anesthetic at the discounted rate of \$11.32 (Normally \$23.17)

Initial _____ Yes I would like a "Home Again Microchip" for \$41.99

Initial _____ I would like additional pain medications sent home with my pet

Initial _____ I would like an estimate

Initial _____ I would not like an estimate or already have an estimate

Initial _____ In the event that your pet has a tooth that needs to be extracted, we will attempt to reach you by phone. However if we can't reach you, you are giving us permission to continue with the extraction for the health of your pet.

Yelm Veterinary Hospital is a "Flea Free Environment"- if fleas are present on your pet, it will be given "CAPSTAR" a 24 hour flea preventative for the cost of \$9.83- \$10.81 We will also recommend a monthly flea preventative. Initial _____ I am aware of this protocol.

Initial _____ I understand that procedures are scheduled at the surgeon's discretion depending on the daily schedule and type of surgery.

I understand that during the foregoing procedure unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure than those set forth above. Therefore, I hereby consent to and authorize the performance of such actions as

necessary and desirable in the exercise of the veterinarian's professional judgement. I also authorize the use of appropriate anesthetics and other medication, and I understand that the veterinarian will employ hospital support personnel as deemed necessary. I realize the results can not be guaranteed. I also understand that with all surgeries there is an inherent risk of death.

I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT:

Signed: