

DENTAL INFORMATION SHEET

Name: _____

Pets Name: _____

Address: _____

Breed: _____ Age: _____

Weight: _____ Sex: _____ Color _____

Contact phone # _____ Primary contact person _____

Emergency Phone # _____ Emergency contact person _____

When was the last time your pet ate? _____

Is your pet on any medication? _____

Does you need any... Sentinel? _____ Heartgard? _____ Simparica Trio? _____ Bravecto? _____ Credelio? _____

Preanesthetic blood screening is required to aid us in making sure your pet 's procedure is as safe as possible. This is critical for all patients, not just older pets. If this has not been performed prior to the day of this procedure then a Preanesthetic Profile will be taken.

It is recommended that all pets undergoing a dental procedure also be treated with an **Oravet Sealant** application to help reduce the need for future dental treatments. The fee for this application is \$37.00.

I allow _____ I do not allow _____ the application of this sealant.

Home care is an important part of your pet's dental health regimen. Weekly applications of **Oravet Plaque Prevention Gel**, beginning two weeks after your pet's dental procedure, are strongly advised. An eight week supply costs \$35.00, and is a convenient and effective means of helping to reduce further dental problems. One box is an eight week supply.

How many boxes would you like to take home today? One _____ or Two _____

Purina Dental Chews, as well as brushing your pet's teeth with a Pet Toothbrush Kit, are also recommended as home care, as an aid in preventing the buildup of tartar and plaque.

Purina Dental Chews _____ per box Pet Toothbrush Kit _____

I am giving permission to have dental radiographs and the extraction of any teeth as deemed necessary by the attending veterinarian. Initial _____

I understand that it is required that my pet is be up to date on any vaccinations and lab work deemed necessary by the doctors of West Hills Animal Hospital & Emergency Center, including, for dogs, leptospirosis vaccines and Canine Influenza vaccine. Any fees involved in satisfying this requirement will be included on my final invoice and are my responsibility.

I hereby authorize the performance of the above procedure. The nature of such service has been described to me to my satisfaction and I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure.

Signature of Owner or Authorized Agent: _____ Date _____