



**Dental Prophylaxis and Treatment Consent**

**CURRENT OWNER INFORMATION**

**Owner:** \_\_\_\_\_ **Cat's name:** \_\_\_\_\_

**Phone (Cell):** \_\_\_\_\_ **(Home):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Number Where We Can Reach You Today:** \_\_\_\_\_

**ROUTINE HEALTH PROCEDURES NEEDED TODAY?**

( ) Rabies Vaccination ( ) FVRCP/Distemper Vaccination ( ) Leukemia Vaccination ( ) Wellness Labs

**DENTAL EXTRACTIONS CONSENT (Please initial one option)**

I understand that during the dental cleaning procedure, it may be discovered that one or more of my cat's teeth need to be pulled for the safety and comfort of my cat. *If it is found that my cat needs advanced dental care such as teeth extracted I:*

\_\_\_\_\_ **DO** give my permission to pull any needed teeth as determined by the attending veterinarian regardless of cost, I do not need to be contacted first and I understand that advanced dentistry can cost up to \$1200.

\_\_\_\_\_ **DO** give my permission to pull any needed teeth as determined by the attending veterinarian up to the cost of \$\_\_\_\_\_ (amount above the dental cleaning price) if I cannot be reached to approve further treatment. *Dental cleaning with extractions, pain medication and antibiotics can cost \$350 – \$1500 depending on the number of extractions or amount of disease*

\_\_\_\_\_ **DO NOT** give my permission to pull any needed teeth as determined by the attending veterinarian until I am contacted. If I am unable to be reached when needed, I understand that this means the diseased teeth *WILL NOT* be extracted and I will not hold Cat Care Clinic responsible for any potential complications resulting from leaving the diseased teeth in place.

**Cost Estimates can be given on request.**

Dental prophylaxis includes: anesthesia, cleaning, full mouth digital x-rays, polishing, oral exam and fluoride application

**ANESTHESIA ELECTIVES**

( ) Pre-anesthetic blood work – highly recommended on all cats to assess organ function

**Owner must present proof that cat is current on rabies and distemper vaccinations. If fleas or ear mites are found, treatment will be applied while in the hospital at the owner's cost.**

I, being responsible for the above described pet, grant you my consent to receive, prescribe for, treat, anesthetize, operate upon, and/or radiograph my pet. Cat Care Clinic is to use all responsible precautions against injury, escape, or death of my pet, but I will not hold Cat Care Clinic liable or responsible in connection therewith as it is thoroughly understood that I assume all risks. I understand all charges including treatment costs are my responsibility and shall be paid upon release from the hospital.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_