



## Dental Check-In Form

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Contact Name and Phone Number for Today: \_\_\_\_\_

**\*Please complete the following questions:**

Would you like vaccinations updated if needed today? **Yes or No or Only update:** \_\_\_\_\_

Did your pet eat this morning? **Yes or No**

Is your pet allergic to any medications? **Yes or No**

Has your pet been ill or injured in the last 30 days? **Yes or No**

Does your pet have a history of seizures and/or previous problems with anesthesia? **Yes or No**

\*Please list **ALL** medications (including Aspirin) and/or supplements that your pet is currently taking:

\_\_\_\_\_

\*Are there any other elective procedures that you would like your pet to have done today?

Microchip

Nail Trim

Ear Cleaning

Other: \_\_\_\_\_

\*Once your pet's teeth are clean, we then check and assess each tooth for any problems such as; fractures, infection, cavities, irreversible tooth decay, etc. If any problems are found where diagnostics and treatments will be the best course of action, we will make the appropriate recommendations to assure your pet the best possible care now and for the future.

May we take Dental X-Rays if found necessary? **Yes or No or Call First**

May we extract diseased teeth if found necessary? **Yes or No or Call First**

May we treat diseased teeth if found necessary? **Yes or No or Call First**

\*In the event we call and you are unreachable by phone, is there anyone else charged with making decisions on your behalf? **Name and Phone Number** \_\_\_\_\_

**\*Owner Release:**

For the enhanced protection of our patients, we recommend a **Pre-Surgical Blood Screen** of all pets prior to the administration of anesthetics. I understand that there is an *additional charge* for this and if I refuse this service, I am therefore responsible for any risks or complications that may arise from the procedure being performed today.

The cost for **Pre-Surgical Blood Screening** is an **additional \$55.00**.

\_\_\_\_\_, I **Accept** the Pre-Surgical Blood Screening for my pet prior to anesthesia today.

\_\_\_\_\_, I **Decline** the Pre-Surgical Blood Screening for my pet prior to anesthesia today.

I understand that the doctors and staff at Valley View Veterinary Hospital will use all reasonable precautions against injury, escape, or death of my pet. I understand that anesthesia and surgery always involve some risk to my pet and I agree that Dr. King, Dr. Hartman and their staff will not be held responsible in connection to these procedures. In the event complications arise and I cannot be immediately contacted at the phone numbers provided, I give full consent to Dr. King and/or Dr. Hartman and their staff to perform whatever actions necessary, and in the best interest of my pet.

**I have read and agree to the above information**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_