



Premier Care with the Compassion Your Pet Deserves.

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DENTISTRY ADMISSIONS FORM

Client Name _____ Date _____

Pet(s) Name _____

Procedure(s) _____

I am the owner (or agent of the owner) of the animal described above. I hereby authorize Deer Creek Animal Hospital to perform such anesthetic and dental procedures as are necessary and advisable for the treatment and maintenance of my pet's health and well being. While I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I expect that reasonable precautions will be used to ensure the animal's safety and well being while in the hospital's care. I also authorize the hospital director and staff to provide veterinary services as requested, or in emergency circumstances to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further advised.

I agree to be responsible to pay for all charges at the time of discharge. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding this animal. If I do not pay the entire balance, a service charge will be added to my account. The service charge will be a periodic rate of 1.5% per month, which is an annual percentage rate of 18%. In case of default of payment, I agree to pay any and all costs in collecting this account, including but not limited to the principal amount due, service charges of 1.5% per month or 18% annum, attorney fees, and court costs. I understand that appropriate credit reports may be obtained. Estimates will be provided upon request.

Pre-Anesthetic Screening & Pain Management

In order to evaluate your pet's basic physiologic condition and to help ensure a safe anesthesia, pre-anesthetic testing is performed on procedures requiring anesthesia. The pre-anesthetic screening will help us to determine if we need to take extra precautions with your pet or the screening may indicate that we should avoid a procedure altogether until a discovered problem can be corrected. The pre-anesthetic screening is not a guarantee against complications with a procedure, but it will help us determine the safest protocol for your pet. Pain management will be provided on certain dental procedures as deemed necessary by the doctor.

During the procedure, additional problems may be discovered.

Permission is granted to:

- 1. Take dental x-rays and evaluate them to determine if any treatment is necessary. YES NO
(Estimated cost \$25.00 per x-ray, maximum \$100.00 total)
- 2. Extract any hopelessly diseased teeth. YES NO
- 3. If I am unavailable by phone, you have my permission to continue with any procedure you deem necessary to benefit my pet's health. I understand that additional fees may exist. (Initial to Approve) x _____

Signature _____ Date _____

Please note, it is very important to reach you at the time of the procedure to help in the decision in what is best for your pet's health.

PHONE NUMBERS AND TIMES YOU CAN BE REACHED
