

DENTAL CONSENT FORM
CABARRUS SPAY/NEUTER CLINIC

Owner Information

Name _____

Address _____

City _____ State _____ Zip _____

Home _____ Work _____ Cell _____

Email *Required if getting a microchip for registration* _____

Animal Information

Name _____ Sex _____ Breed _____

_____ Weight _____

Color _____ Age _____

Please Check

CAT

_____ CAT DENTAL - \$90.00 (scheduled a different day from spay/neuter surgery)

_____ Cat Rabies Vaccine (required if not current) - \$10

_____ Cat FVRCP Vaccine (required if not current) - \$10

_____ FeLV/FIV Combo test - \$25.00

_____ Microchip - \$20

_____ Nail Trim - \$10

DOG

- _____ DOG DENTAL - \$100.00 (scheduled a different day from spay/neuter surgery)

- _____ Dog Rabies Vaccine (required if not current) - \$10
- _____ Dog Distemper Vaccine (required if not current) - \$10
- _____ Dog Bordetella Vaccine (required if not current) - \$10

- _____ Microchip - \$20
- _____ Nail Trim - \$10
- _____ Anal Gland Expression - \$10
- _____ Nail Trim AND Anal Gland Expression COMBO - \$15

- _____ Heartworm Test - \$20
- _____ Heartworm Prevention 6 month pack (Needs NEGATIVE HW test. Can buy up to 1 year supply per dog):
 - _____ Triheart <25# \$25
 - _____ Triheart 26-50# \$35
 - _____ Triheart 51-100# \$40

Additional Items

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- _____ Baby tooth extraction (at time of spay/neuter surgery) - \$10 per tooth

 - _____ Broad Dewormer (treats hookworms and roundworms) - \$15 (2 doses)
 - _____ Tapeworm Deworming
 - _____ Cats - \$10
 - _____ Dogs < 10# - \$10
 - _____ Dogs 11-64# - \$15
 - _____ Dogs >65# - \$20
 - _____ Fecal Exam- \$15
 - _____ Topical Flea Prevention Single Dose - \$15
 - _____ Oral Flea and Tick prevention- \$45 (Bravecto- 1 pill lasts 3 months)
 - _____ Cardboard carrier - \$7
 - _____ Antibiotics - \$20

Donation: We are a 501-C3 Non-Profit Organization. Donations are always appreciated, never required.

\$_____

Medical History

Any known allergies _____

Any previous medical/surgical conditions _____

Any previous anesthesia/surgical complications _____

Has your DOG been heartworm tested: Yes No Results _____

Has your CAT been FELV/FIV tested: Yes No Results _____

Primary Veterinary Hospital Used

How did you hear about us?

Newspaper_____ Car_____ Sign _____ Yellow Pages _____

Friend_____ Rescue group_____ Vet_____ SIF_____ Internet_____

Have used us before _____

Dental Cleaning Waiver Form

I understand that the low-cost dental cleaning procedure that CSNC offers involves basic removal of tartar/ scaling of calculus on the teeth and polishing to improve both my pet's oral and systemic health. If CSNC is able to, they will also remove retained deciduous (baby) teeth if the tooth allows it and on request. I also understand that CSNC will not be doing any adult tooth extractions or additional dental work (for example, but not limited to dental x-rays, tooth fracture repair, cavity filling, crowns, gingival work, etc.) - if additional dental work is needed on any animal, CSNC may make recommendations and referral to primary care veterinarian. CSNC will not be sending home any pain meds (unless requested) or antibiotics unless the condition of dental disease warrants additional medications (at additional cost).

I understand CSNC's policy that **any pet undergoing a dental cleaning has already been spayed or neutered. I understand that the sterilization procedure and dental procedure CANNOT be combined on the same day** (one is a sterile procedure, the other is not, and that as a result, increased risk of infection can occur). This is a policy of quality veterinary medicine that CSNC adheres to. CSNC recommends 3wks btwn the two procedures to allow healing time for the sterilization procedure done first and to allow the effects of anesthesia to be cleared from the pet's system.

I understand that the dental procedure presents some hazards, and that injury to or death of such an animal may conceivably result, for there is some inherent risk in the use of anesthetics and drugs in providing this service. To the best of my knowledge, pets are up-to-date on their vaccinations. I understand that there are risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of the procedure due to such failure. I certify that my pet is in good health and has had no food since 12:00 midnight the evening prior to the procedure. I understand that CSNC has the right to refuse service to any animal to whom anesthesia is deemed a health risk.

I understand that CSNC may not perform a complete physical examination before the procedure is performed. I also understand that my pet will not receive pre-operative bloodwork and waive my right to have this service performed prior to anesthesia at a primary care veterinarian. I understand that certain medical conditions, age, and declining physical health can increase the risk for my pet to undergo anesthesia and dental cleaning.

I hereby release CSNC, all veterinarians, assistants, volunteers, directors and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of attempted anesthesia and dental cleaning of such pet or any consequences related thereto. Pet owner agrees to indemnify and hold CSNC harmless for any damages caused during the transportation of the pet to the clinic, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.