Animal Hospital of Pasco
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Dental Procedure Authorization

Form P-507
Rev. 05/22/2025

This form authorizes our hospital to perform a dental procedure on your pet. Most dental procedures consist of the following services: Pre-anesthetic blood work (optional), hospital ward use, pre-op analgesia, anesthetic induction, inhalation anesthesia, monitoring, dental scaling (oral examination, cleaning, and polishing of each tooth), periodontal therapy (scaling and cleaning of the tooth surface below the gum line), extractions (if needed), and application of a prophy foam/sealant. Sometimes, depending on the condition of the patient's mouth, dental radiographs may be taken or antibiotics prescribed.

This is a one-day procedure. Your pet should be ready to go home sometime in the afternoon. We will call you at the phone number(s) you provide on this form to let you know when your pet will be ready to go home.

The cost for a dental procedure varies depending on the condition of the patient's mouth. Extractions are usually the most variable component; most range $14-70, though it's possible for more complex extractions to exceed this. Due to the risks and effects inherent to maintaining full sedation, our staff will do what's best for the health of the patient if you cannot be reached.

The following ranges are typical for a basic dental procedure: Felines: $405-550; canines 30 lbs. or less: $550-690; canines 31 lbs. or more: $620-800. Remember, many dental issues can go undetected until the technician is able to examine the patient under anesthesia; problems that require treatment–such as fractured or broken teeth, major gum recession, or abscesses–may incur greater costs.

Client/Authorized Agent Information

Your first name	Your middle name	Your last name	Suffix (Jr., III, etc.)

Current home address: *(include city, state, ZIP; no P.O. boxes please)*	Phone number(s) we can reach you at:	Are you the owner of this animal? ☐ Yes ☐ No If you are not the owner, what is the owner's first and last name? _____ If you are not the owner, has the owner completed the form necessary to designate you their authorized agent? ☐ Yes ☐ No If you checked 'No' above, please be aware that you will be responsible for payment in full when the patient is discharged.

Patient Information

Patient's name	Date of birth or current age	Species: ☐ dog ☐ cat	Sex: ☐ male/neutered ☐ male/intact ☐ female/spayed ☐ female/intact

Patient's breed/color	Please list medications your pet takes and when the last dose was given, as well as any medical conditions of which we should be aware.	List any additional procedures to be performed (additional costs may apply)

Optional Add-Ons

☐ Please perform pre-anesthetic blood work (CBC & Brief Chemistry Panel). Cost: $70.00 — I decline pre-anesthetic blood work. ☐

Anesthesia of any kind, even proper inhalation anesthesia, carries some risks. These diagnostics help screen for the presence of conditions or diseases that may complicate anesthesia. They can also help detect conditions and diseases in their early stages, before the patient has begun showing obvious signs. Catching these issues early on can allow for more effective treatment.

☐ Please implant an AKC Reunite microchip while my pet is sedated. Cost: $29.00 — I decline microchip implantation. ☐

☐ Please update my pet's vaccinations as needed (subject to doctor discretion). Cost varies. — I decline vaccinations. ☐

The nature of such service has been described to me to my satisfaction and I realize that no guarantee nor warranty can ethically or professionally be made regarding the results or cure. I understand that I assume financial responsibility for all services rendered, and that payment in full is due upon patient discharge. I certify that I am at least 18 years of age and that I am the owner of, or authorized agent for, the patient described above. In consideration of Animal Hospital of Pasco, P.S. accepting my pet for anesthesia/surgery/medical treatment/diagnostic testing, I do hereby release, discharge, and waive any claims, demands, and/or actions against Animal Hospital of Pasco, P.S., its agents, employees, officers, and insurers arising from or relating to injury, illness, or death that may occur during the period of hospitalization. I understand that a finance charge of 1.5% per month or the highest lawful rate, whichever is lower, will be assessed on any past due balance. I certify that I have not allowed this patient to ingest solid foods or medications within 10 hours prior to admission for surgery unless specifically directed to do so by the attending doctor. I understand that anesthetizing a patient that has recently eaten may lead to serious, life-threatening complications.

_____ _____

Signature of Owner or Authorized Agent *Date*

IMPORTANT: SIGNATURE MUST BE IN INK AND CANNOT BE TYPED. PLEASE SIGN AND DATE ON THE DAY OF SERVICE.