

**WASHINGTON STATE UNIVERSITY  
VETERINARY TEACHING HOSPITAL  
DENTAL CONSENT**

Today's Date: \_\_\_\_\_

Time: \_\_\_\_\_

**HISTORY**

Has your pet eaten this morning? \_\_\_\_\_ What is your pet's regular diet? \_\_\_\_\_

Is your pet on any antibiotics? If so, were they given this morning?  
\_\_\_\_\_

Is there any other pertinent history that we need to be aware of concerning your pet? (illness, medications)  
\_\_\_\_\_  
\_\_\_\_\_

Did your pet have any pre-dental blood work/urinalysis done? \_\_\_\_\_

<b>Pre-anesthetic Blood work + UA</b>	\$117.00	<input type="checkbox"/>	<b>Oravet inpatient application (optional)</b>	\$20.80	<input type="checkbox"/>
<b>Anesthesia/Cleaning</b>	\$200-225.00 (depends on size of your pet)	<input type="checkbox"/>	<b>Oravet take home treatment (optional)</b>	\$31.75	<input type="checkbox"/>

We have determined that your pet will need one or more teeth to be extracted during his/her dental procedure. Approximate cost are listed below.

**EXTRACTIONS**

<b>Deciduous (baby) tooth extraction</b>	\$10.00	<input type="checkbox"/>	<b>Oral gumline flap closure</b>	\$20.30	<input type="checkbox"/>
<b>Incisor tooth extraction</b>	\$ 9.00	<input type="checkbox"/>	<b>Local block (anesthetic)</b>	\$12.90	<input type="checkbox"/>
<b>Canine tooth extraction</b>	\$51.00	<input type="checkbox"/>	<b>Dental x-ray (each)</b>	\$10.80	<input type="checkbox"/>
<b>Premolar/Molar extraction</b>	\$35.00	<input type="checkbox"/>	<b>Doxirobe gel – for severe gingival pockets</b>	\$56.60/treatment	<input type="checkbox"/>
<b>Carnassial tooth extraction</b>	\$60.50	<input type="checkbox"/>	<b>Consil – bone graft material</b>	\$30.00-93.00	<input type="checkbox"/>
<b>Crown amputation</b>	\$17.30	<input type="checkbox"/>	<b>Pain Management</b>	\$30.00-55.00	<input type="checkbox"/>

**Total Estimated Cost:** \_\_\_\_\_  **See Previous Estimate**

This is an **ESTIMATE** of the total charges based on the best information currently available and is **not a guarantee** of charges. **Payment in full** is expected at discharge. Any other arrangements must be made in advance. A minimum **deposit of 50% is required** at the time of hospitalization.

\_\_\_\_\_ I authorize sedation/anesthesia, a dental, and other medications, and I understand that hospital support personnel will be used as deemed necessary by the veterinarian for my pet .

\_\_\_\_\_ I authorize extractions to be done if necessary.

\_\_\_\_\_ I authorize the application of Oravet and a prescription of Oravet to be taken home. (\$48.00)

- I am the owner or agent for the owner of the above-described animal(s) and have the authority to execute this consent.
- I have been advised as to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed.
- I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

In the event that my animal should need emergency resuscitation, I:

\_\_\_\_\_ Authorize Resuscitation (I understand that fees may vary depending on resuscitative efforts employed and that costs might range from \_\_\_\_\_ to \_\_\_\_\_).

\_\_\_\_\_ DO NOT Authorize Resuscitation.

**Phone numbers where we can reach you or other possible contacts:**

Phone Number	Times Available	Other Contacts	
_____	_____	Name	Phone Number
_____	_____	_____	_____
Owner's Signature	Date	Name	Phone Number
_____	_____	_____	_____