Dental Treatment Plan 2024

Owner_____Date_____

Pet Name_____ Age _____ Breed_____ Sex_____

-IV catheter, anesthetic, hospitalization, dental prophy costs (45 minutes or less):

Cats = $294.57   Dogs < 25lb = $357.19   Dogs 25-50 lbs. = $369.10   Dogs 50+lbs = $392.91 $_____

-Pre-anesthetic Blood work (bloodwork and lab collect fee) $119.35   ⭘ Yes ⭘ No $_____

-Local anesthetic block for extractions $23.83/2 sites $47.66/3-4 sites $_____

-Dental X-rays $35.73 (single) - $71.44 (upper or lower mouth) -$107.17 (whole mouth) $_____

-Extractions $_____

	Incisors	Loose Molars per tooth	Surgical Molars/Canines (cats) per tooth (includes sutures)	M1, PM4, Canines (dogs) per tooth (includes sutures)
Cats	$7.14	$17.86	$41.67	$41.67
Dogs	$7.14	$23.81	$41.67	$89.29

-Additional Anesthesia (45 minutes or longer) $3.13/ minute $_____

-Pain medicine inj. $28.62 (.2ml Buprenex) $43.05 (1ml Rimadyl) $89.45 (1ml Simbadol) $_____

-Antibiotic gum treatment (Doxycycline) $23.82/ per tooth $_____

-Fluids with Procedure $45.27 $_____

-Take home antibiotics: $35.71-$71.44 $_____

-Take home pain medication: $29.76-$53.58 $_____

-Take home food (a/d can or t/d) $7.56-$53.58 $_____

-10% Dental Health Month Discount (on cleaning only) $(_____)

Total   **$_____**

I am the owner or agent of the above-described animal and have the authority to exercise this consent. I hereby consent and authorize the performance of the above procedure(s). I authorize and consent to the use of anesthetics, sedatives, medications and/or procedures, as the veterinarian deems appropriate. If during the performance of these procedures an unforeseen condition is revealed, such as extractions, how should the Doctor proceed?

_____1. I further authorize and consent for the veterinarian to use their best judgment in the matter of my pet's health and perform whatever procedures are needed, I accept additional costs involved.

_____2. Call me before proceeding. If for some reason I am unavailable when you call, please:
_____a. Perform whatever procedures are needed; I accept additional costs involved

_____b. Do only what I have previously authorized

_____3. Do only what I have authorized. I understand my pet may have to undergo another anesthetic episode to complete dental treatment.

I understand there is always some risk associated with the use of anesthetics, sedatives, medications and surgery. I also understand that my pet may have unforeseen conditions that may result in complications or even death. I have been advised as to the nature of the recommended procedure(s) and the risks involved. I realize that results cannot be guaranteed.

Signature of Owner/Agent: _____ **Date:** _____

Phone # where you can be reached TODAY: (_____) _____