SHILOH VETERINARY HOSPITAL

345 Shiloh Rd., Billings, Montana 59106
(406) 656-1910 www.yellowstonevalleyvet.com

Dell Kay Bertino, DVM Marci Cook, DVM

DENTAL/ANESTHESIA ADMISSION FORM

Name: _____ Date: _____
Pet's name: _____

At Shiloh Veterinary Hospital we want to ensure your pet's safety and well-being while undergoing a dental procedure and anesthesia. A veterinarian will perform a physical exam before sedating your pet, however, many disorders of the kidneys, liver, heart, and blood can't be detected without blood tests and a heart electrocardiogram (ECG).

We strongly recommend performing pre-anesthesia blood testing in all healthy patients less than 7 years of age, and require pre-anesthesia blood testing in all patients over 7 years. We will also place an IV catheter and fluids which help with blood pressure, maintains hydration and allows quicker IV access in an emergency situation. We feel this is necessary to perform the safest procedure in our older patients.

If your pet is under 7 years of age (required in 7 or older), would you like pre-anesthesia blood work performed? **Yes/No**

If your pet is under 7 years of age (required in 7 or older), would you like an IV catheter and fluids administered at this time? **Yes/No**

An ECG is always recommended when a patient is undergoing anesthesia. Would you like this done? **Yes/No**

We offer two options in blood work prior to anesthesia. A regular presurgical blood profile evaluates the liver, kidneys, blood sugar, total protein, and a complete blood count (red cells, white cells, and platelets). **Yes/No**

A more comprehensive screening profile checks liver and kidney tests, blood sugar, electrolytes, protein, pancreas, lipids, CBC and the thyroid level. This is done in house. **Yes/No**

Many pets require anesthesia before a doctor can complete a thorough dental exam. The condition of each tooth must be carefully evaluated before a decision is made as to the best course of treatment. Although no one likes surprises, it is sometimes impossible to give an accurate estimate before anesthesia. When teeth have lost more than 50% of the adhesive structures, it must be extracted. We will use local anesthesia. In an effort to best serve your needs, please initial the appropriate option below if more than a cleaning is indicated.

Please perform whatever procedures and extractions are deemed necessary at this time_____

Please do nothing more than the requested routine dental cleaning_____

Please call me if additional procedures are needed_____

Some dental procedures do incur some amount of pain. Those pets with extractions or other painful procedures will be given a non-steroidal anti-inflammatory medication prior to anesthesia and then oral medication will be sent home. For older cats or any pet with kidney disease, we may need to prescribe different pain control. Also, for extractions or when the dental disease is particularly severe, antibiotics are often necessary and will also be dispensed.

Please ask if you have any questions or concerns regarding your pet's treatment today.

I authorize the admission of my pet to Shiloh Veterinary Hospital for anesthesia and a dental procedure/anesthesia and fully understand the risks. I assume full responsibility for the above services for my pet and understand payment is due in full at the time of dismissal from the hospital.

Owner/Agent: _____Phone # where I can be reached today:_____

Other services:
Nail Trim ____
Microchip ____
Laser for lump removal_____
Anal Gland expression___
Clean ears___
Histo___