

Quail Ridge Animal Hospital

937 Mica Dr. #18 ~ Carson City, NV 89705

775-267-4888 ~ Fax – 775-267-3337

Authorization for Dental and Anesthesia

Client's Name: _____ Phone Number(s): _____

Pet's Name : _____

Surgery Options:

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Pre-Operative blood work to be performed-optional upgrades - \$42 (5+ yrs) \$138.11 - Senior Screen Panel to be sent out day of procedure
<input type="checkbox"/>	<input type="checkbox"/>	Previous blood work performed within last 30 days
<input type="checkbox"/>	<input type="checkbox"/>	Anal Glands expressed during Surgery - \$18.00
<input type="checkbox"/>	<input type="checkbox"/>	Vaccines Updated (please specify) _____
<input type="checkbox"/>	<input type="checkbox"/>	Additional Procedures: _____

Owner MUST be available, by phone, for questions regarding the dental between 10:00 3:30

Routine Dental – 0-50lbs \$395.00, 51-99lbs. \$435.00, 100 + lbs. \$475.00 - All include – full mouth radiographs, pre-op blood work, cleaning (scale & polish), nail trim, & post op exam.

Potential additional costs:

Teeth extraction –	Incisors	\$15.00 (per tooth)
	Premolars	\$30.00 (per tooth)
	Canine/Carnasal	\$55.00 (per tooth)
	Molars	\$40.00 (per tooth)
Soft tissue procedure (gum surgery)-		\$30.00 - \$60.00
Local block(s)		\$35.00 (per quadrant)
Clindoral antibiotic - pocket site treatment		\$35.00 per syringe
Take home medication(s) - Antibiotic		\$30.00 – \$60.00
	Pain Meds	\$20.00 - \$25.00
Additional iso (anesthesia) if needed		\$45.00 (1 unit) - \$90.00 (2 units) <i>*based on sedation time</i>

If extractions are needed, would you like us to:

Treat as needed or

Call you with the findings and an estimate of treatment cost prior to our treating your pet? **Please note, you must be available by phone or call us back within 5 minutes of message left (pet will be under sedation at the time of call).*

Professional Fees are to be paid at the time services are performed

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen years of age or over and authorize the veterinarian(s) at Quail Ridge Animal Hospital to perform the above procedure(s). I understand, that some risks always exists with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian/technician before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- Reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedure(s) that will be performed
- How fully my pet will recover and how long it will take
- The length and type of follow-up care and home restraint required
- The estimate of the fees for all services and any necessary payment arrangements

I understand that if overnight care is needed for my pet, Quail Ridge Animal Hospital does not have staff on site between the hours of 6:00pm-7:30am and my pet will be left unattended. An alternative emergency hospital for overnight care will be offered. _____.

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to pay a deposit of the estimated fees, assume financial responsibility for the remaining fees, and provide payment via cash, credit card, or check at the time my pet is discharged from the hospital. **Should unexpected life-saving emergency care be required, the staff _____ has/ _____ has not my permission to provide such treatment and I agree to pay for such services.**

I have read and fully understand the terms and conditions set forth above.

Signature of Owner: _____ **Date:** _____