Quail Ridge Animal Hospital

937 Mica Dr. Suite 18 Carson City, NV 89705
Ph: (775) 267-4888 / Fax: (775) 267-3337

Authorization for Dental and Anesthesia

Client's Name: _____ Phone Numbers: _____

Pet's Name: _____ _____

Surgery Options:

Y	N	
☐	☐	Previous Bloodwork performed within last 30 days (over 5 required) OR
☐	☐	Pre-Op Bloodwork to be performed day of Surgery - **$234.09** (under 5) **$291.16** (over 5 required)
☐	☐	Anal Gland expression during surgery - **$30.00**
☐	☐	Vaccines Updated (please specify) _____
☐	☐	Dental Radiographs: **Single $55.00** **Full Mouth: $205.00**
☐	☐	Cold Laser Therapy after Dental (reduces inflammation and enhances healing) **$30.00**

Additional Procedures: _____

Owner MUST be available by phone, for questions regarding the dental procedure between 10:00am-4:00pm.

Routine Dental: 0-50lbs - **$594.00** 51-99lbs - **$631.00** 100+lbs - **$654.00** - Included in price: Pre-Op Bloodwork (basic), cleaning (scale & polish), procedural IV fluids, nail trim and post-op exam.

Potential additional costs:

Teeth extraction:	Inciscors	$37.00 (per tooth)
	Premolars	$50.00 (per tooth)
	Canine/Carnassial	$90.75.00 (per tooth)
	Molars	$73.00 (per tooth)
Soft Tissue Procedure (gum sugery)		$75.00
Local Blocks		$72.00 (per quadrant)
Clindoral antibiotic		$56.00 (per syringe)
Doxirobe Gen – treatment		$94.00
Take home medications – Antibiotics		$45.00 - $75.00 Pain Meds: $35.00-$75.00
Additional iso (anesthesia) if needed		$62.00 (1 unit) $124.00 (2 units) *sedation time

If Extractions are needed, would you like us to:

☐ Treat as needed _____ (owners Initials) OR

☐ Call you with our findings and provide an estimate of treatment cost prior to treating your pet. _____ (owners Initials)

Please note: You **MUST** be available by phone or call us back within **5 minutes** of message left (pet will be under sedation).

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 and risks always exists with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those 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, which may require a deposit are due at the time of surgery

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: _____