



Day and Evening Pet Hospital
511 Magnolia Ave Palm Harbor FL 34683
727-785-7200

Dental Prophylaxis Form

To insure the best care possible, please take the time to fill out this form completely. Thank you!

Owner and Pet Information

Owner Info

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Spouse Name: _____ Phone: _____

Email Address: _____

Pet Info

Pets Name: _____ Breed: _____

Age/ Birthday: _____ Gender: Male Female Altered: Yes No

Color: _____ Medical Condition(s) : _____

Dog Dental \$155.00

Cat Dental: \$155.00

*Dental Includes: Pre-surgical exam, sedation, anesthesia, dental cleaning, antibiotic injection and post-op antibiotics

Dog Vaccines

Cat Vaccines

- Rabies 1yr/ 3yr **(Required)** \$15/ \$30
- DHPP 1yr/ 3yr **(Required)** \$15/ \$30
- Bordetella **(Required)** \$15
- Lepto \$15
- Lyme \$35
- Influenza \$35
- Heartworm Test \$30
- Fecal \$22

- Rabies 1yr/ 3yr **(Required)** \$15/ \$30
- FVRCP 1yr/ 3yr **(Required)** \$15/ \$30
- FeLV \$15
- FeLV/Cite Test \$35
- Fecal \$22

Flea/ Heartworm prevention

Is your pet current on prevention? : Yes No What product are you using? _____

When was prevention last applied to your pet? : _____ Would you like a refill here today? **YES / NO**

The county does require licensing for all cats and dogs. If you would like us to license your pet for you today: please select the county you reside in and the option that matches the duration of the Rabies vaccine.

- Pinellas County \$20 for a 1yr Rabies - \$40 for a 3yr Rabies Pasco County Please ask reception. Prices vary.

Please Complete Reverse Side

Bloodwork (Select from option 1, 2, OR 3)

- 1) Pre-Op CBC/AZO \$65- Test for anemia, infection, and the healthiness of blood cells and a brief kidney screen
 Accept
- 2) CBC/ Pre Surgical \$100- Test for anemia, infection, and the healthiness of blood cells **PLUS** testing of the kidney and liver values. Accept
- 3) Comprehensive Profile \$135- Pre-Op panel **PLUS** testing of the liver, kidney, and pancreas to make sure they are working properly. Also tests the cellular health of the body. Accept

I DECLINE all Pre-Operative Bloodwork

Fluids

Fluids – Prevents dehydration, low blood pressure, and reactions to anesthesia

Subcutaneous \$30 OR Intravenous (IV) \$50

I DECLINE both options for fluids

Post- Op Laser therapy \$15 (Per surgery site) – Decreases pain and inflammation Accept Decline

Pre-Op Anti- Nausea Inj \$25 – Helps prevent nausea post-op, lasts for 12hrs Accept Decline

Please select from the following add options listed below if you would like these done during the procedure today:

Microchipping \$25 – Permanent method of linking your pet back to you

Ear cleaning \$12 Anal Glands \$30 Nail Trim \$6

Extractions

In addition to the \$155 dental, we charge **\$25-\$75** per extraction. We max extraction charges at **\$250**

I approve and consent to any and all extractions needed. (Recommended option)

I wish to be called with an estimate to approve extractions. (If you chose this option please be aware we will be phoning you while your pet is under anesthesia in most cases- so please be sure to keep your phone with you during the entire procedure)

Pain medication \$27.50 (Only necessary if your pet needs extractions)

After Care/ Prevention

Dual Action TDC Periodontal and Joint. Bottle of 120 count \$60 Accept Decline

Perio- Support – Helps support your pet’s periodontal health. You sprinkle 1 teaspoon in their food once a day. Please select the size you would prefer. 4.2oz- \$21 16oz- \$40 Decline

OraVet Dental Chews – Formulated for daily use **in dogs**; they are proven effective at reducing halitosis (bad breath), plaque, and calculus (tartar) build- up. **Prices Vary.** Accept Decline

Please read the following carefully and initial upon reading each section

_____ If fleas are found on your pet, for your pet’s health and the health of other pets staying in the hospital, your pet will be treated at your expense. Flea treatment ranges from \$16-\$25

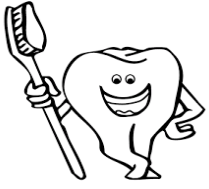
_____ **We do not accept checks.** We require that your payment be made in full at the time of pick up.

The best number to reach me at during today’s procedure is: (_____) - _____ - _____

If I am unreachable please try _____ at (_____) - _____ - _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet.

Owners Signature: _____ **Date:** _____



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