

TLC Animal Hospital: Dental Release Form

Owner's Name: _____ Pet's Name: _____

Date: _____ Dental Disease Stage: 1 2 3 4

Anesthesia

Includes anesthetic medications, monitoring, and pain medication. Based on size and weight of pet. Please see estimate for pricing.

Dental Cleaning

Includes tooth scaling, polishing, oral exam, and full mouth dental x-rays. Additional procedures, such as extractions, are at an additional fee and must be approved by the owner: Regular Dental Cleaning \$150
Extractions are \$20-105 per tooth.

Velocity (bone graft material placed in sockets of large tooth extraction sites) \$20-65 per tooth

Antibiotics: Antibiotic estimated cost range \$18 to \$75

Please note that any additional items selected on the anesthesia release form will be at additional cost.

Other optional dental care items include:

Fluoride Treatment at the end of the dental cleaning helps keep tooth enamel healthy \$15 ____ yes ____ no

Sanos gingival sealant helps prevent gingivitis for up to 6 months \$105 ____ yes ____ no

PetSmile Toothpaste is VOHC approved to help prevent plaque over and above brushing alone. It can be used with a tooth brush or simply applied to the gum line daily. 4.5oz tube (lasts 4-6 months) \$25 ____ yes ____ no
Tooth brush \$2 ____ yes ____ no

Oxyfresh Solution for your pet's drinking water to help prevent/slow dental disease
\$25 per bottle ____ yes ____ no

OraZn MaxiGuard Gel to apply to your pet's teeth when tooth brushing cannot be done (good for cats!)
\$20 per bottle ____ yes ____ no

MaxiGuard Wipes to wipe along the gum line one a day when tooth brushing cannot be done
\$20 per jar ____ yes ____ no

OraVet dental chews help prevent and treat plaque and tartar. Pricing varies by size, so please ask.
____ yes ____ no

If we find any abnormalities on oral exam or dental x-rays that require additional therapy or surgical intervention ***not already explicitly agreed upon on the estimate***, we will call you to discuss these findings and associated treatment costs before proceeding. ***If we cannot reach you, we will NOT proceed with additional treatments and will only perform the agreed upon dental cleaning.*** This means that your pet may need to be scheduled for a second anesthetic procedure at a later date to complete the recommended treatments. Regular anesthesia and related costs will apply if your pet must be re-anesthetized at a later date.

Please be aware that we have multiple phone lines with different associated phone numbers. If all phone lines are busy, we may attempt to contact you via cell phone. Therefore, you may receive a call from us on a number you do not recognize, so we discourage screening your calls on the day of your pet's procedure.

Signature of OWNER or RESPONSIBLE AGENT: _____

PHONE NUMBER(S) where you can be reached THROUGHOUT THE DAY so we can contact you regarding any additional recommended procedures or in case of emergency:

Phone Number (1) _____ Phone Number (2) _____