



DENTAL FORM

Pet's Name: _____

Owner: _____

Thank you for choosing Chelsea Animal Hospital for your pet's procedure. We would like to offer you and your pet the following services while he/she is under anesthesia.

Please initial the services you would like added.

___ **\$85** Pre-Anesthetic Blood Work – this blood work checks values in your pet's blood before any anesthesia is given or surgery performed. Included is: Complete Blood Count, Kidney Function, Liver Function, Blood Glucose, Electrolytes and Protein.

___ **\$62** Intravenous Catheter (IV Catheter)- This allows direct access to the vein in the event that we need to administer intravenous medication. It also allows us to keep your pet adequately hydrated and maintain an appropriate blood pressure during your pets procedure. This is recommended in all pets specifically those older than 7 years.

___ **\$56** Micro-chip – this will permanently ID your pet

___ **\$15** Nail trim

___ **\$16** Ear cleaning

___ **\$19** Anal Gland Expression

What medications is your pet on? _____

Additional Instructions _____

Telephone Number _____

___ **(Initial) While my pet is here for a dental cleaning, I acknowledge that any teeth that are not salvageable will be extracted at the Doctors discretion.**

Signature _____