

HOEGEMEYER ANIMAL CLINIC

1516 Sidney Baker
Kerrville, Texas 78028
830-896-6507

<NUMBER> <CONTACT><CLIENT> <ANIMAL> <DATE>

DR _____

During this procedure, your pet will receive the following:

- A full physical examination prior to the anesthesia
- A comprehensive pre-surgical blood profile to ensure proper organ function prior to starting anesthesia
- An intravenous catheter for venous access to administer fluids and access in case of emergency
- Monitoring by technicians using a pulse oximeter which helps assess depth of anesthesia
- A tooth-by-tooth oral examination once your pet has been anesthetized
- Ultrasonic scaling, hand-scaling and polishing
- Pain management where appropriate

_____ I **accept** full mouth dental radiographs **COST \$ 100.49**

Full mouth dental radiographs are recommended once a year

_____ I **decline** full mouth dental radiographs

I understand that once my pet has been anesthetized and the oral cavity has been fully examined, finding additional pathology is not unusual.

_____ **IN THE EVENT** we are unable to reach you while your pet is under anesthesia, and if recommended by the veterinarian, **I AUTHORIZE** necessary extractions and oral treatment to be performed.

The nature of the procedure has been explained to me and no guarantee has been made as to results or cure. I understand that there is a risk involved in these procedures, including that of anesthesia. I have read and accept the above conditions of this hospital admission statement.

Signature of owner / agent _____

Phone number I can be reached immediately today _____

Email where I can receive correspondence today _____