



Day and Evening Pet Hospital
 3206 Alternate 19 N, Palm Harbor, FL 34683
 727-785-7200

Dental Prophylaxis Form

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

Owner Information

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Primary Phone: _____ Secondary Phone: _____

E-mail Address: _____

Spouse: _____ Phone: _____

Pet Information

Name: _____ Breed: _____

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

Color: _____ Medical Condition(s): _____

Please tell us how you hear of our hospital:

Val Pak Flyer Craigslist Friend Search Engine (ie: Google) Other: _____

Step 1: Select Surgical Procedure

Cat Dental \$150.00

Dog Dental \$150.00

*****Includes: Pre-surgical exam, Sedation, Anesthesia, Dental Cleaning, Anitibiotic Injection, Post-op Antibitoics

Step 2: Vaccines

DOG VACCINES

Rabies* 1yr/3yr (**REQUIRED**) \$15/\$30

DHPP 1yr/3yr (**REQUIRED**) \$15/\$30

Bordetella (**REQUIRED**) \$15

Lepto \$15

Lyme \$35

Influenza \$15

Heartworm Test \$25

Fecal \$20

Flea/Tick/Heartworm Prevention

CAT VACCINES

Rabies* 1yr/3yr (**REQUIRED**) \$15/\$30

FVRCP 1yr/3yr (**REQUIRED**) \$15/\$30

FeLV \$15

FeLV/FIV Test \$35

Fecal \$20

**Plus your county's required licensing*

Pinellas County \$20

Pasco County (dogs only) \$10/\$35

My pet has already received all required vaccines and I have proof from a licensed Veterinarian.

PLEASE COMPLETE REVERSE SIDE

Step 3: Bloodwork, Fluids, & Pain medication

Pre-operative Blood Profile \$55 - Test for anemia, infection, and the healthiness of blood cells

Accept **Decline**

Comprehensive Profile \$120 - Pre-operative 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 **Decline**

Fluids - Prevents dehydration, low blood pressure, & reactions to anesthesia.

Subcutaneous -\$25 -or- **Intravenous (IV) - \$40** **Decline**

Pain Medication \$25 - Recommended. Dental will cause gums to be sore.

Accept **Decline**

Post-Op Laser Therapy \$15 – Decreases pain and increases healing time

Accept **Decline**

Step 4: Extractions

Please initial **ONE(1)** OPTION below:

_____ I **approve & consent** to any & all extractions needed. (**\$25-\$75 per extraction, max \$200**)

_____ I wish to be **called with an estimate** to approve extractions.

_____ I approve all extractions up to \$____.00 additional.

Step 5: Other

Microchipping ~~\$42~~ **\$25 SPECIAL!!** – Permanent method of linking your pet back to you

Ear Cleaning \$10

Anal Glands \$30

Nail Trim \$5

Step 6: After Care/Prevention

Dual Action TDC Periodontal & Joint. 120 count bottle \$60 **Accept** **Decline**

*****See the video at <http://goo.gl/Qlpn0> or using QR Code*****



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 4.2 oz - \$21 16oz - \$40

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, they will be treated at your expense. Flea treatments range from \$16-\$25.

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

Prior to your pet's surgical procedure, they will be given a pre-surgical evaluation. If your pet is found to need additional procedures (other than the ones you have checked above), we will contact you at the following number: _____ - _____ - _____

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

Owner's Signature: _____ Date: _____