



504-835-4266 (Main Hospital/Metairie Rd)
504-455-2345 (W. Esplanade Clinic)
504-830-4095 (Uptown Clinic)

504-830-4080 (Lakeview Clinic)
504-443-4400 (Kenner Clinic)

Dental Procedure Check-In Form

Client Name: Today's Phone #s: _____

Pet's Name: Species: Breed: Age:

About Your Pet's Dental Procedure

Your pet's Dental Cleaning will include an examination of the oral cavity, notation of any missing or loose teeth as well as any areas of gum disease or other abnormalities. Each tooth will then be cleaned using an ultrasonic scaler and the gums will be probed for any hidden pockets of infection. Dental X-rays are available to help us identify problem areas that may not be obvious on the surface of the tooth. Any teeth that are diseased, causing pain or present a health risk to your pet will be extracted at the attending doctor's discretion. Following the Dental Cleaning, every surface of the tooth will be polished with a mild pumice. This pumice smoothes the surface of the tooth, which aids in slowing the reformation of plaque and tartar.

Is your pet experiencing any of these problems: Foul odor from mouth Difficulty chewing Pawing at mouth

Anesthesia Authorization

I am the owner (or agents of the owner) of the animal described above. I hereby authorize Metairie Small Animal Hospital to perform such diagnostic, therapeutic, anesthetic and surgical procedures as are necessary and advisable for the treatment and maintenance of my pet's health and well-being. While I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding the result or cure. In the event that my animal should, for some unforeseen reason, injure itself, fail to eat, become ill or die, I will not hold Metairie Small Animal Hospital and its employees responsible. I expect that reasonable precautions will be used to ensure my animal's safety and well-being while in the hospital's care and agree to pay them in full at the time discharge.

I also authorize the professional staff to provide veterinary services as requested or in an emergency to follow through with such procedures as are necessary for the well-being of my pet on a continuing basis until further advised.

Owner's Signature: _____ Date: _____

PreAnesthetic Screening Release

In order to evaluate your pet's basic physiological condition, we highly recommend preanesthetic testing prior to all procedures requiring anesthesia, particularly in animals over six years of age. The preanesthetic profile will help us to know if we need to take extra precautions with your pet and will help us determine the safest anesthesia protocol. It may indicate that we should avoid a procedure altogether until a discovered problem can be resolved. The profile is not a guarantee against problems, but will certainly help us deal with a problem should it arise.

0-6 year old animals: PCV, TP, BUN, SGPT, Glucose
6+ year old animals: PCV, TP, BUN, SGPT, Glucose, Electrocardiogram

I have read the above statement and APPROVE the appropriate Preanesthetic Screen

Owner's Signature: _____ Date: _____

I have read the above statement and DO NOT approve the Preanesthetic Screen

Owner's Signature: _____ Date: _____

Additional Services

Microchip Nail Clip Ear Cleaning Anal Gland Express Growth Removal (note locations below)