



Dental Care Options



Please print this form, fill it out, and bring it with you when you bring your pet in for his/her procedure. (You will also need a copy of the Pre-Anesthesia Consent Form.)

Pet's Name: _____ Owner's Name _____ Date of Dental: _____

The level of dental hygiene that owners are able or willing to provide their pets can affect which dental therapies may be useful. To help our doctors get a complete picture of your pet's dental health needs, please answer the following questions.

I brush my pet's teeth: ___ Daily ___ Weekly ___ Monthly ___ Almost Never or Never

Are there any other treatments or products you use that are designed to help your pet's teeth?

___ No ___ Yes, Describe _____

My pet eats: ___ Dry food ___ Wet food ___ Dry and Wet food ___ Table Food

What brand/type of food does your pet eat? _____

What kinds of treats does your pet eat? _____

OraVet™

After we perform a complete dental cleaning, polish the teeth & apply a fluoride treatment, we can apply OraVet™. OraVet™ is a barrier sealant that helps prevent plaque and tartar-forming bacteria from attaching to teeth, basically prolonging the life of today's dental. As an option, we can apply the barrier sealant today. For further protection, in 2 weeks you can apply a similar plaque prevention gel weekly.

Cost of barrier sealant today: < 25 lb pet \$29.95, 21-50 lb pet \$41.55, >50 lb pet \$48.35

Cost of at-home kit: \$33.80

Yes, I would like to have OraVet™ applied today.

No, I decline the OraVet™ application.

Yes, I would like the at-home kit.

No, I do not want the kit.

(The at home plaque prevention gel comes with 8 packets which lasts 8 weeks for larger pets and 16 weeks or more for smaller pets.) If no, we will call to remind you to start using the at home kit in 2 weeks.

Dental X-rays

Just like in human dentistry, many dental conditions cannot be properly diagnosed or could go completely undetected without dental x-rays. We offer our patients the latest in digital dental x-rays. This provides our doctors with the best information in the shortest amount of time. Please choose the statement below regarding dental x-rays for your pet.

I would like full mouth dental x-rays to be taken to detect any dental disease that would not be detected otherwise. (Full mouth x-rays cost \$94 [canine] & \$73 [feline])

I decline full mouth dental x-rays, but I authorize x-rays if the doctor has detected a problem and needs additional information to determine the best treatment.

I would like a staff member to call me before authorizing any x-rays.

I decline dental x-rays under any circumstances.