



**Austin Urban  
Vet Center**

**DENTAL PROCEDURE FORM**

**Client Name:** \_\_\_\_\_

**Contact Number Today:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Pet Name:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**My Pet DID NOT eat after 10pm last night:** \_\_\_\_\_

**Austin Urban Vet Center requires that every anesthetic procedure include pre-operative blood work, intra-operative intravenous fluids, and state of the art anesthetic monitoring equipment to ensure the utmost safety of your pet during all surgical and dental procedures.**

**I have read and understood the above statement:** \_\_\_\_\_

**Extractions may be necessary during your pet’s dental prophylaxis. These extractions range in price from \$30 for simple extractions to \$150 for surgical extractions.**

**I give Austin Urban Vet Center permission to extract necessary teeth.**\_\_\_\_\_

**I give Austin Urban Vet Center permission to give pain medication. Yes\_\_\_ No\_\_\_**

**I would like my pet to receive a MICROCHIP \$45.00 Yes\_\_\_\_\_ No\_\_\_\_\_**

**I would like to purchase Oravet at home dental care tooth sealant.  
\$43.50 for 8 week treatment Yes\_\_\_ No\_\_\_**

**I would like Austin Urban Vet Center to address these other concerns today.**

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE and DATE:** \_\_\_\_\_