

Newton Veterinary Hospital
62 Hampton House Road
Newton, NJ 07860
973-383-4321

DENTAL FREQUENTLY ASKED QUESTIONS AND INFORMATION

1. Your pet is given a sedative/painkiller prior to surgery to minimize anxiety and any discomfort.
 2. An antibiotic injection will be administered as a preventative.
 3. Your pet's procedure is on a heated table to maintain their body temperature.
 4. IV fluids are administered during the dental procedure to help sustain body temperature and fluid levels. This also helps to dissipate the anesthesia when your pet is waking up.
 5. Your pet has electronic patient monitoring while under anesthesia to measure their heart rate and the oxygen level within their body.
 6. A highly trained veterinary technician will monitor your pet the entire time they are under anesthesia until your pet is awake and walking normally.
 7. A fluoride treatment is applied for additional tooth protection.
 8. While your pet is under anesthesia, a complimentary pedicure is done.
 9. Your pet will recover in an ICU cage on a heating pad and a soft fleece blanket.
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- Check in time is between 7:15am and 7:30am.
 - Do not give food or water after midnight the night before the dental, unless directed by your doctor.
 - Ask your doctor if you should stop, or continue, any medication that your pet is currently taking.
 - You can expect to get a call with an update about your pet after the dental procedure. The technician will give you an estimated discharge time. Due to your pet's recovery time after anesthesia, you may be asked to call us to verify the discharge time.
 - If your pet is having another procedure done at the same time as the dental, an overnight stay may be required. Please ask the technician during your check in time.



The medical center
you trust, open 24/7

62 Hampton House Rd
Newton, NJ 07860
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www.newtonvet.com

Patient Name: _____
Last Name: _____
Date of Procedure: _____

Dental / Pre-Surgical / Anesthesia Checklist

Your pet must be up to date on the following

Rabies due date:
Distemper due date:
Heartworm test (Dogs only):
When was last Heartworm pill given (Dogs only): _____

If this is your pet's first visit with us, you must bring proof
of the above vaccines or they must be given prior to the dental.

Also, please be aware that a physical exam is required for all first time patients.
Please review and sign the attached Consent Forms and bring them with you on the day of the dental.

Remember, DOGS & CATS must not be given food or water after midnight (12:00 am)
the night before a dental!

Our greatest concern is the well-being of your pet. Before putting your pet under anesthesia we will perform pre-operative bloodwork and diagnostic tests to determine if your pet has any special needs and is healthy enough for anesthesia. Our laboratory is fully equipped and staffed to perform these crucial tests and the results will be immediately available to review before placing your pet under anesthesia.

The undersigned hereby warrants that he/she is the owner or authorized agent for the owner of the above-named animal and does hereby request, consent, and authorize Newton Veterinary Hospital, to care for, treat, or perform the procedures listed below.

In emergency circumstances, staff members are authorized to provide emergency care as deemed necessary until further advised by the undersigned owner or agent in person by phone or writing.

The undersigned further acknowledges that no guarantees have been made except reasonable precautions against complications, injury, escape, illness or death with the understanding that the undersigned will remain fully responsible for the cost of all services provided by Newton Veterinary Hospital.

Payment policy: We accept cash, checks (w/ a DL), Master Card, Visa, Discover, Amex and Care Credit for payment of services. We cannot extend the privilege of billing services as this puts us in the position of becoming a lending institution.

FULL PAYMENT IS EXPECTED AT THE TIME OF DISCHARGE.

I agree to assume financial responsibility for all services rendered.

Procedure: _____

Signature _____ Name Printed _____

How would you like to receive an update on your pet?

___ Doctor's Phone Call. Please provide a phone number where you can be reached: _____

___ Text message. Please provide a cell phone number _____

Newton Veterinary Hospital

Dental Extraction/Radiograph/Laser Therapy Consent Form

Pet's Name:

Last Name:

EXTRACTIONS:

If a tooth appears severely diseased, a dental radiograph (x-ray) will be taken to determine if an extraction is necessary. The cost of the x-ray is \$45.87.

Yes I authorize teeth extractions if deemed necessary after x-rays are taken.

Please call me at _____ before extracting teeth. However, I understand that if you are unable to reach me, I agree to authorize extraction(s) if deemed medically appropriate by a veterinarian.

I would like a set of FULL MOUTH dental radiographs (x-rays) taken on my pet to determine if there is any disease below the gumline and as a baseline for future dental procedures. The cost is \$149.89.

THERAPY LASER:

Therapeutic Laser reduces inflammation and promotes faster healing. It is beneficial for the treatment of Stomatitis, Gingivitis, and extractions. The cost of the Laser treatment is \$24.00.

Yes I authorize a Therapeutic Laser treatment if deemed medically appropriate by a Veterinarian.

MICROCHIP:

Would you like a "Home Again" Microchip for your pet? This will help find your pet if he/she is ever lost.

Yes (\$69.89)

No

Please provide a cell number or email to send before and after photos of your pet's dental:

Signature: _____

Date: _____