

# Middletown Veterinary Hospital Dental Procedure & Pain Management Consent Form

Date: \_\_\_\_\_  
Pet's Name: \_\_\_\_\_

Please check ONE of the following:

- Perform any extractions necessary.
- Call me first, but if you cannot reach me by telephone, you may proceed with any procedure(s) deemed necessary.
- Do nothing unless you reach me by telephone. I understand that you will wake my pet up without doing even the simplest of any additional procedure(s). I also understand that should I agree to the recommended procedure(s) at a later date, there will be additional charges for anesthesia and procedure(s).

I understand the estimated cost for a dental procedure is an estimate and my final bill may be more or less than the total estimate given to me.

## **Pain Management Package**

We at Middletown Veterinary Hospital strongly believe in the importance of pain management before, during, and after dental procedures if extractions are necessary. The package includes a pain injection and take home products for you to administer at home.

### **Canine Pain Package**

Dogs under 25lbs	Cost- \$26
Dogs 25-50lbs	Cost- \$35
Dogs 50-75lbs	Cost- \$41
Dogs 76-100lbs	Cost- \$46
Dogs over 100lbs	Cost- \$50

### **Feline Pain Package**

All Cats \$29

I **ACCEPT** the pain package for my pet (\_\_\_\_\_)

I **DECLINE** the pain package for my pet (\_\_\_\_\_)

Between 9:00 a.m. and 4:00 p.m. I can be reached at (\_\_\_\_\_)\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_