



Comprehensive Oral Health Assessment and Treatment (COHAT)

Wasatch Animal Clinic COHAT **\$374** for Canines, **\$357** for Felines Includes:

- Pre Anesthetic Safety Exam
- Intravenous Catheter
- General Anesthesia and Continual Anesthetic Monitoring
- Comprehensive Oral Exam
- Dental Radiographic Examination
- Dental Cleaning, Scaling and Polishing

After performing the Comprehensive Oral and Radiographic Exam under anesthesia, the veterinarian will provide a treatment plan unique for each patient depending on the severity and type of dental disease. We encourage you to be available by phone during the procedure so we can communicate with you and perform any recommended treatments. Most treatment plans include tooth extractions and home care recommendations.

The Cost of Oral Surgery and tooth extractions depend on the time spent performing surgery and the materials that are needed. Minor Extractions range from \$200-300. Extensive extractions can exceed \$600.

Additionally, when teeth are extracted, antibiotics, pain medications, and e-collars are sent home to encourage proper recovery. Dental blocks, Dental Rediheal and other measures the doctor feels necessary may be performed and sutures may be placed to encourage proper healing for your pet.

If, in the doctor’s professional judgment, teeth should be removed do you give your consent?

Please initial next to your choice:

_____ **YES I DO** give my consent for the doctors to use their professional judgement and extract any teeth to maintain my pets healthy. I do not expect a phone call during treatment and understand the potential cost of oral surgery. I agree to pay all costs associated with the treatment. **AUTHORIZATION AMOUNT \$** _____

_____ **PLEASE CALL** me before any oral surgery to discuss treatment and cost. A treatment plan and estimate will be provided at this time after the comprehensive oral /radiographic exam. **PHONE #** _____

_____ **NO I DO NOT** give my consent for the doctors to perform any recommended extractions.

ELECTIVE AUTHORIZATION

Please check for any additional services:

- **MICROCHIP \$89**
- **Vaccine Update \$75 - \$100 (depending on vaccines patient is due for)**
- **Proheart 12 / Heartworm Preventative \$100 - \$200 (determined by weight)**
- **Refill needed of any other medication?** _____



WASATCH ANIMAL CLINIC

SURGERY AND ANESTHESIA CONSENT FORM

Your Name: _____ Pet's Name: _____ Date: _____

Procedure Being Performed Today: _____

Email For Future Health Service Reminders: _____

Any Other Concerns you would like addressed Today? _____

When did your pet eat last? _____ Any Chronic Illnesses: _____

PRE-ANESTHETIC BLOOD SAFETY SCREEN \$96 **We recommend bloodwork for ALL of our patients undergoing anesthesia*

Disorders of the liver, kidneys or blood are NOT detected unless blood testing is done. Abnormalities of any of these may increase the anesthetic risk for your pet. Testing is performed at the clinic immediately prior to anesthesia. Our on-site laboratory lets us screen for hidden problems before your pet's treatment begins. It can help indicate chemical imbalances that could affect your pet under anesthesia. It is important to understand that a pre-anesthetic profile does not guarantee the absence of anesthetic complications. It may, however, reduce the risk of complications as well as identify medical conditions that could require medical treatment.

Please initial next to your choice:

Yes, I Give My Consent for Bloodwork _____ **I Decline Recommended Bloodwork** _____

AUTHORIZATION AND CONSENT:

I am over the age of 18 years and am the owner of the above-described animal and have the authority to execute this consent. I hereby authorize Wasatch Animal Clinic to perform the mentioned operations, procedures, treatments, examinations, or tests.

Wasatch Animal Clinic provides quality anesthesia monitoring and surgical services and will do everything possible to reduce any complications associated with anesthesia and surgery. I recognize that there is some degree of risk, including death, attached to any medical or surgical procedure or treatment. I have discussed any concerns I may have with the veterinarian. I hereby absolve Wasatch Animal Clinic, the veterinarians, staff and this facility from all actions, arising directly or indirectly from the treatment / anesthetic / surgery.

Estimates are an approximation of charges to you, and they are based on the anticipated details of services to be performed. Full payment is required upon discharge of your pet. I agree to pay all costs associated with treatment regardless of outcome. In the event of non-payment, I understand and consent to any legal means or action being taken to recover outstanding monies. By signing, I indicate that any questions I have regarding the above-mentioned procedure(s) or treatments(s) have been answered to my satisfaction. I have read and understand this authorization and consent.

Owner Signature: _____	Date: _____
Phone number where I can be reached during and after surgery: _____	