

(Cat≥8Y) GRAND PET © DENTAL PLAN

FELINES 8 YEARS AND OLDER (50 years and older in humans) / DENTAL RELEASE (UNDER 9 LB)

Good dental hygiene is just as important for your pet's health as it is for yours. Tartar and plaque formation leads to gum disease, oral infection and, eventually, tooth abscess, which can cause your pet **unnecessary pain**. Even more dangerous, however, is the shedding of bacteria from the infected teeth into the blood stream. These bacteria can lead to kidney problems, as well as liver and heart disease, which is expensive to treat and may **shorten you pet's life**.

Laboratory and blood pressure tests before an anesthetic or surgery, can help make us aware of unknown medical conditions that may make your pet a poor surgical risk, or indicate an increased likelihood of an adverse reaction to the anesthetic agent. In addition, these tests can help us discover many problems early on, before they cause unnecessary pain, expense... or worse.

GRAND PET © DENTAL PLAN (Under 9 lb)

All Items Are Mandatory	Cost
Doctor Examination	INCLUDED
Blood Test: Internal Organ Screen & Blood Cell Count	INCLUDED
Urine Analysis	INCLUDED
Intravenous catheter placement-includes:	
IV Catheter	INCLUDED
Administration set	INCLUDED
Intravenous Fluid	INCLUDED
Anesthesia-Includes:	INCLUDED
Intravenous Induction	INCLUDED
Tracheal intubations	INCLUDED
Isoflurance inhalant	INCLUDED
Heart & Lung monitors	INCLUDED
Operating Room:	INCLUDED
Thermal heating pad	INCLUDED
Instruments & Supplies	INCLUDED
Cat Dental Under 9 lb (add \$10 if 9lb or over)	
Ultrasonic Scale & Polish	INCLUDED
Extractions (varies)	Not Included
Doxirobe Gel for Periodontal pocket>4mm(\$52.82-102)	Not Included
Medicine (when necessary):	
Antibiotic injection	INCLUDED
Pain Relief Injection (Extractions)- \$38.94	Not Included
Under 9Lb TOTAL	338.96

* Add \$6.88 C&M and Hazard Waste fee



OWNER CONSENT: REQUIRED FOR ALL PATIENTS

I understand that I am requesting a general anesthetic or major surgical procedure for my pet. I understand that some risks are involved that can be reduced by the above recommended tests. I am encouraged to discuss any concerns I have about those risks with the attending doctor. I certify that no guarantees had been made regarding the results that may be achieved. I further understand that refusal of any of the recommended tests removes any liability of GPCC, its doctors or staff. Should unexpected life-saving emergency care be required and the hospital is unable to reach me, the staff has ___ does not have___(check one) my permission to provide such treatment and I agree to pay for such service. I have read and fully understand the above terms and conditions set forth above. I agree to pay a deposit of ___% of the estimated fees, assume financial responsibility for the remaining fees, and provide the remaining payments at the time my pet is discharged from the hospital.

Signed: _____ Date: _____ Pet: _____
 Owner or authorized agent of owner (over 18 years of age)

HIGHLY RECOMMENDED

	Decline	Cost
Blood Pressure Test		38.82
Add-On Blood Test: (combo test)		42.96
Feline Leukemia Virus (FeLV) & Feline AIDS combo blood test		
Take Home Medicine:		
Antibiotic prescription		
Pain relief prescription		
HIGHLY RECOMMENDED TOTAL		

ELECTIVE

All done under Anesthesia	Accept	Cost
Chest & Abdominal radiographs:		
Includes radiologist reading		
Microchip personal ID		
Fecal Test		
Deep ear cleaning (Severe Case)		
Neuter add-on (plus pain injection)		86.90
Clip Matted coat		
Capstar Flea Treatment		4.98
* Mandatory if cat has fleas		
ELECTIVE TOTAL		

TOTAL REQUIRED PROCEDURES	
TOTAL RECOMMENDED PROCEDURES	
TOTAL ELECTIVE PROCEDURES	
GRAND TOTAL	