



OCONEE  
VETERINARY  
HOSPITAL

[www.oconeevet.com](http://www.oconeevet.com)

Oconee Veterinary Hospital  
7530 Macon Highway  
Watkinsville, Georgia 30677  
706-769-7513

**Feline Dentistry Estimate for Cats 4 years and younger.**

**This estimate is generally for grade I, II dental disease (tartar, gingivitis, but no gum attachment loss; probably no extractions needed).**

**This procedure includes the following:**

- Dental exam under sedation
- Preanesthetic bloodwork following clinical protocol for age, and anesthetic risk. This is done to evaluate kidney, liver, pancreas function and check for anemia. More extensive bloodwork is done on animals 6 years and older, or those with known medical problems.
- Intravenous catheter placement and fluid administration throughout the procedure, and afterwards if needed.
- Preanesthetic medications for tranquilization.
- Anesthetic induction and maintenance anesthesia under isoflurane gas.
- Anesthetic monitoring
- Teeth cleaning, Polish, Fluoride treatment
- One day of hospitalization and care.
- Preoperative antibiotic injection if needed.
- Pain medications if needed.

The total cost of this procedure when itemized is valued: \$301.50

Clinic initiated discount: - \$107.50

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Total price: **\$194.00**

**(Extra charges may be added if additional extractions, further antibiotic treatments, or other unforeseen events occur during the procedure).**

**Considerations for dental candidates:**

- Must have verifiable (in writing) proof of vaccines; this insures the safety of our staff and other pets in the clinic.
- The surgery must be scheduled by appointment only.
- Must be free of external and internal parasites. If parasites are detected, they will be treated at the owner's expense.

Be prepared to limit the pet's activity post operatively as instructed



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**Surgical Consent**  
**Oconee Veterinary Hospital**  
**706-769-7513 • fax 706-769-9142**

Date \_\_\_\_\_  
 Owner \_\_\_\_\_  
 Pet's name \_\_\_\_\_  
 Species \_\_\_\_\_ Breed \_\_\_\_\_ Sex M/F Color \_\_\_\_\_  
 Today's Phone Number \_\_\_\_\_

As the owner or agent of the above animal, I hereby give my consent to Oconee Veterinary Hospital to perform the following procedures:

1. Neuter  \$ \_\_\_\_\_
2. Spay  \$ \_\_\_\_\_
3. Dental  \$ \_\_\_\_\_ **+/- antibiotics \$~25.00; +/- extractions (if needed) @ 65.00 per 1/2 hour of surgery time.** Owners initials \_\_\_\_\_
4. Mass removal  \$ \_\_\_\_\_
5. Dewclaw  \$ \_\_\_\_\_
6. Microchip  \$ \_\_\_\_\_
7. Vaccines  \$ \_\_\_\_\_
8. Other \_\_\_\_\_

I understand that during the performance of this/these procedures, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect Oconee Veterinary Hospital to use reasonable care and judgment in performing the procedure(s). The nature of the procedure and risks involved have been explained to me and I realize results cannot be guaranteed. I am aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding my pet(s).

**All services must be paid for at the time they are rendered.** We do not post date checks or extend credit. We do take Cash, Check, American Express, Discover, Visa, MasterCard, and Care Credit.

**ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNERS EXPENSE. VACCINES IF DUE, WILL BE GIVEN AT THE OWNERS EXPENSE.**

Owner's signature \_\_\_\_\_

Staff signature \_\_\_\_\_