



# HALE VETERINARY CLINIC

DENTAL AND ORAL SURGERY FOR PETS

## ESTIMATE AND CONSENT FORM

Owner: \_\_\_\_\_ Patient: \_\_\_\_\_

Problem(s): \_\_\_\_\_

Planned Treatment: \_\_\_\_\_

Consultation:	_____	Dental materials:	_____
Injectable medication:	_____	Dental materials:	_____
Injectable medication:	_____	Surgical materials:	_____
Intravenous fluids:	_____	Surgical materials:	_____
Anesthetic induction:	_____	Hospitalization:	_____
Anesthetic maintenance:	_____	Laboratory fees:	_____
Anesthetic monitoring:	_____	Laboratory fees:	_____
Local nerve blocks:	_____	Antibiotics:	_____
First radiograph:	_____	Homecare products:	_____
Further radiographs:	_____	Pain relievers:	_____
Surgical fee:	_____	Other:	_____
Surgical fee:	_____	Other:	_____
Surgical fee:	_____	<b>Subtotal:</b>	_____
Oral Hygiene fee:	_____	<b>GST:</b>	_____
Dental materials:	_____	<b>Total:</b>	_____

- My veterinarian has referred me to Hale Veterinary Clinic specifically regarding a dental or oral problem with my pet. Hale Veterinary Clinic will be unable to provide treatment for conditions other than those related to this referral.
- I understand that this is an estimate only and is based on a pre-anesthetic examination. New information which comes to light during the more detailed oral examination and radiographs taken following induction of general anesthesia may make the estimate invalid.
- Reasonable attempts will be made to work within this estimate or to obtain authorization for procedures not outlined above. If contact is not possible, I understand that other procedures may be carried out at the discretion of the doctor and that I will be responsible for charges related to these treatments. I agree to pay all fees related to the treatment of the named animal at discharge unless other arrangements are made prior to treatment. When appropriate, payment terms are available. Payment may be made by Visa®, MasterCard®, cheque, debit card, cash or a combination.
- I understand that the practice of veterinary dentistry is not an exact science and that guarantees as to outcome are not possible. Treatment options and procedures have been explained to my satisfaction and I give my informed consent to Fraser Hale to carry out these treatments.
- I understand that the ultimate success of the proposed treatment may depend on adequate home-care and follow-up and acknowledge my responsibility in this regard. This is particularly so with the management of periodontal disease.
- I understand that any anesthetic poses some risk to the patient and that precautions will be taken to minimize such risks. In the unlikely event of an anesthetic complication, I authorize Hale Veterinary Clinic to carry out such procedures and treatments as are deemed appropriate.
- I give Hale Veterinary Clinic permission to photograph my pet for the purpose of documenting the treatment and I understand that the photographs may be used for educational purposes. Confidentiality is assured.
- When it is time for my pet's follow-up appointment with Hale Veterinary Clinic, I wish to be (a) contacted by Hale Veterinary Clinic or (b) contacted by my regular veterinarian (circle one).

OWNER/AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_