

Victoria Veterinary Clinic

Consent Form for Dental Procedures

Date: _____ Patient: _____ Client: _____ Client # _____

Surgical Procedure:

Dental Cleaning and Polishing with possible extractions

Other procedures _____

Pre-dental and post-dental photos will be taken. Would you like them:

Printed

E-mailed Preferred email address _____

Extractions- Often the full extent of extractions is not known until your pet is fully anesthetized and an oral exam can be performed. In the event your pet needs extractions how would you like us to proceed.

_____ Please call to discuss any possible extractions before proceeding

_____ Please pull any teeth deemed necessary

_____ Please pull any teeth deemed necessary up to \$ _____

Intravenous Fluids will be administered during anesthesia to help maintain blood pressure, increase circulation and helps your pet recover more quickly.

Surgical Options (check accept or decline)

	Cost	Accept	Decline
Presurgical blood test for pets under 7 years: Check for proper organ functions, oxygen carrying ability of blood, ability to fight infection, platelets for proper clotting and to establish a baseline for future reference.	\$72.00	_____	_____
Presurgical blood test for pets 7 years and older: Same as above but includes more extensive testing.	\$109.50	_____	_____
Pain Management: Metacam is a liquid medication given once daily for 3 days after surgery to help reduce pain and inflammation.	\$27.64	_____	_____
Microchip: A small chip used for identification throughout North America. This is implanted beneath the skin between your pets shoulder blades.	\$42.50	_____	_____
Tattoo: Is placed into the right ear, this form of identification is used only in Regina.	\$19.80	_____	_____
Pedicure: Nails are clipped while your pet is anesthetized.	No Charge	_____	_____

Vaccinations: Our clinic recommends all pets have up to date vaccines. This helps prevent the spread of infectious diseases.

I authorize vaccines _____ \$79.90-\$98.75 Core vaccines (Non Core vaccines are additional cost)

My pet is vaccinated _____

I Decline vaccines at this time _____

1. I authorize and direct the Veterinarians of the Victoria Veterinary Clinic to perform the services indicated above and/or do any other therapeutic procedures that in their judgment may dictate to be advisable for my pet's well-being. The risks and nature of the procedures have been explained to me, and no warranty or guarantee has been made as to the result or cure.
2. I hereby authorize and direct the Victoria Veterinary Clinic to provide such additional services for my pet as they deem reasonable and necessary, including, but not limited to the administration of anesthesia and the performance of services involving pathology and radiology, and I hereby consent thereto.
3. Fees must be paid before my pet leaves the clinic.

I may be reached at the following number(s) _____

Would you like a text message photo update of your pet? Yes _____ No _____ Number _____

Print name _____ Signature _____