

WEIR VETERINARY SERVICES
DENTAL & ANESTHETIC CONSENT & ESTIMATE FORM
Canine

Owner's Name: _____ Pet's Name: _____

Our dental grading system allows us to give you a more accurate idea of the time and cost involved in the dental procedure. The difficulty in giving accurate dental estimates is two-fold:

1. Oral exams can be difficult to perform on some patients if they are not comfortable with their mouths being handled.
2. Often there is a significant amount of tartar that obscures the gumline making it difficult to assess if the tooth is healthy or if it needs to be extracted.

COST ESTIMATES:	GRADE 1	\$267.00 - \$309.00 _____	+ extractions	
	GRADE 2	\$360.00 - \$401.00 _____	+ extractions	\$80.00 / 10 minutes on extractions
	GRADE 3	\$503.00 - \$575.00 _____	+ extractions	
	GRADE 4	\$550.00 - \$615.00 _____	+ extractions	

Please initial all that apply:

- _____ **Do you wish to be called regarding unforeseen extractions?**
_____ has been fasted for 12 hours prior to admittance
_____ has had antibiotics this morning
_____ needs intravenous antibiotics

PLEASE READ AND CHOOSE ONE OF THE FOLLOWING:

The safety of modern anesthesia has increased substantially with increased knowledge, innovative equipment and modern anesthetic drugs. Anesthesia is, however, never trivial or routine. For the safety of your pet and for the possible early detection of disease, we recommend a preanesthetic blood profile.

Level 1 Profile included a complete blood cell count at a cost of \$48.00 (plus GST). It is recommended as the minimum test for pets less than 7 years of age.

Level 2 Profile includes a complete blood cell count (Level 1 Profile) plus a basic liver and kidney function tests at a cost of \$98.00 (plus GST). It is recommended as the minimum test for pets 7 years and older or as a more thorough screening for younger pets.

Please indicate by initialing whether you approve or decline.

- _____ I approve of the Level 1 preanesthetic blood profile for my pet.
_____ I approve of the Level 2 preanesthetic blood profile for my pet.
_____ I decline a preanesthetic blood profile for my pet.

I have read and understand this authorization and consent. I agree to pay in full at the time of discharge.

The estimated fees are _____ (plus GST).

Date: _____ Print name: _____

Signature of Owner or Agent: _____

Phone number(s) where owner/agent can be reached today: _____

ANESTHETIC / DENTAL RECORD

Temperature: _____ Comments: _____

Pulse Rate: _____

Resp Rate: _____ Weight: _____

Pre-anesthetic medications: Torbugesic(2mg/ml & Acepromazine (0.5mg/ml) & Glycopyrrolate(0.1mg/ml) _____ml

Time: _____ DVM: _____ Other: _____

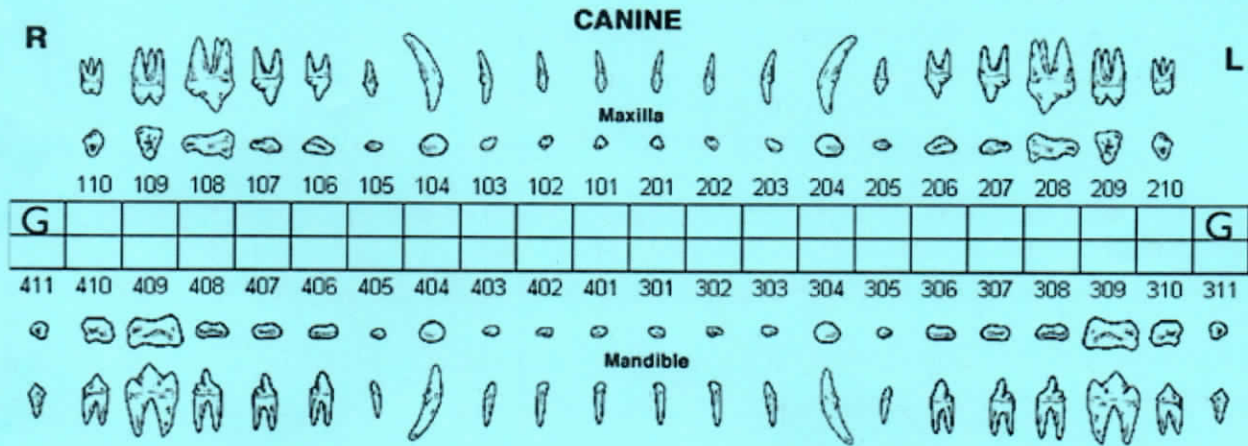
Surgical IV Fluids: _____ Maintenance Rate _____ Surgical Rate _____

IV Antibiotics: _____

Anesthetic Induction: Isoflurane _____ Propofol _____ Ketamine/Valium _____
Other _____

Anesthetic Maintenance: Isoflurane – intubation Duration: _____min

Anesthetic Recovery: Normal _____
Other (comments) _____



Dental Radiographs: _____

Comments: _____

Post-operative pain control: _____

Post-operative medication: _____

Surgeon: _____ Assistant: _____