

CONSENT FOR DENTAL WORK



Dr. Danielle Fritz. DVM. Inc.



**1180 Cherry Point Road Cowichan Bay BC V0R 1N2
Phone: 250.710.9594 Emergency: 1.800.869.1208**

Please read the following statements and consents regarding your horse/pony before it is treated by Dr. Danielle Fritz / Dr. Kaitlin McDonald/ Dr. Katharine White/ Dr. Elizabeth Reddit. Also read your financial obligation as the result of the veterinary treatment. If you have any questions, please have these clarified before your animal is examined.

I authorize Dr. Danielle Fritz / Dr. Kaitlin McDonald / Dr. Katharine White / Dr. Elizabeth Riddett to do dental extractions and diagnostic procedures on

Horses Name _____ **Breed:** _____ **Age:** _____ **Colour:** _____

as required for diagnosis, treatment, and breeding. I understand that I can refuse or terminate procedures at any time by contacting Dr. Fritz or Dr McDonald. Emergency procedures may be needed in life saving situations and may be carried out before I am contacted. I also understand I must instruct the veterinarian if there are any financial or medical limitations to emergency care.

As owner or authorized agent of the patient, I authorize Dr.Fritz / Dr. McDonald / Dr. White / Dr. Riddett to administer agreed on diagnostic, reproductive, and medical treatment procedures and emergency treatment as considered necessary. I understand that it is my responsibility to inform the Dr.Fritz / Dr. McDonald / Dr. White/ Dr. Riddett about any treatment or diagnostic test that I do not want my animal to receive.

I hereby acknowledge that I have read the above and understand the cited risks of dental extractions, including but not limited to hemorrhage (bleeding), sinusitis, fractured root tip, retained root tip, infection, reaction to nerve blocking, cellulitis, potential drug reaction and side effects and death. Dr. Fritz / Dr. McDonald / Dr. White / Dr. Riddett have explained the risks of the specific treatment for dental extraction and diagnostic procedures, which has allowed me to give my informed consent.

As agent or owner, I understand that the owner is financially responsible to Dr. Danielle Fritz DVM. Inc. for all applicable charges relating to this animal. It is the owner's obligation to inquire about all costs of patient care and to maintain status of financial obligations to Dr. Danielle Fritz DVM. Inc. Payment for is due in full at time of visit. Late payment charges of 2% per month and other penalties specified may be assessed.

Owners Signature: _____ **Name:** _____ **Date:** _____

Agents Signature: _____ **Name:** _____ **Date:** _____

Visa or Mastercard # _____ **Expiry:** _____

Name on Card: _____