



**Presqu'ile Animal Hospital**  
 46 Prince Edward St. Unit 11  
 Brighton, ON K0K 1H0  
 P: 613-475-5510

Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
 Breed: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Informed Consent and Estimate for Comprehensive Oral Health Assessment and Treatment Plan (COHAT)

Procedure or Dispensed Item	Charge
<b>Pre-surgical Consultation</b>	
Pre-Surgical Chemistry Profile & CBC	169.47
Blood Sampling and Handling Fee	Included
Pre-Surgical Appointment	Included
*cost is not included in total estimate below	
<b>Dental Procedure</b>	
COHAT	700.00
Anesthesia – Induction and Maintenance	Included
Anesthetic Monitoring	Included
IV Catheter and Fluid Therapy	Included
Full Mouth Radiographs and Interpretation	Included
Charting, Scaling and Polish	Included
Hospitalization and Patient Care	Included
Nail Trimming	Included

Pre-Surgical bloodwork completion date: \_\_\_\_\_  
 To be completed?    Y    N  
 If bloodwork must be run, the fee of \$169.47+hst will be added to final total.

<b>Surgical Dental Extractions (30-120 minutes) (If required)</b>	
Local Block/Anesthesia per quadrant(1-4 quadrants)	10.00 – 40.00
Anesthetic Maintenance (30 - 120 minutes)	198.87 – 795.48
Surgical Extraction Time (30 – 120 minutes)	363.96 – 1455.84
Gingival Flap Surgical Incision	Included in above time
Closure of Gingival Flap/Extraction Location	Included in above time
Post Extraction Radiographs	Included
Periovine Application	0.00 – 40.00
Pain Management – in hospital	75.00 - 150.00
Pain Medication – to go home	100.00 – 150.00
<b>Post-Operative Appointment in 10-14 days</b>	Included
Subtotal – Does NOT include pre-surgical consultation	\$1447.83 – \$3331.32
Tax	<u>\$188.22 - \$433.07</u>
Total Estimate	\$1636.05 – \$3764.39

This estimate is valid for 30 days. Please review the following pages for a breakdown and explanation of costs and procedures. Not all patients will require extractions. Routine annual dental cleanings will have significant positive impact on your pet's overall health and comfort.

Upon admission, patients will be assessed by the veterinarian and then will be placed into a kennel with a warming pad and bedding.

Pre-medication is administered by a veterinary technician as an intramuscular or intravenous injection. The goal of this medication is to help our patients become sleepy and calm.

An intravenous (IV) catheter is placed. Placement of the catheter requires that the limb be shaved and cleaned. IV catheters are taped into place and IV fluids are connected.

Anesthetic induction takes place next, which includes administration of oxygen (pre-oxygenation) by mask. Medications are administered through the IV catheter to ensure the patient is heavily sedated. An endotracheal tube is placed into the trachea to protect the lungs and also to administer a blend of anesthetic gas and oxygen.

Patients are connected to the anesthetic machine for inhalant anesthesia to be delivered and monitoring equipment is connected as well.

Throughout your pet's Comprehensive Oral Health Assessment and Treatment (COHAT), anesthetic levels and patient parameters are monitored by hand and with monitoring equipment by a veterinary technician. The patient is placed on their back on a warming pad and a warming blanket is placed over top of the patient. Once stable, one of the veterinary technicians will begin taking full mouth radiographs while the doctor reviews the images and records findings on a dental chart. Once radiographs are complete the doctor and veterinary technician examine the entire oral cavity using a dental probe and explorer to assess periodontal pockets and abnormalities. After the assessment is complete, the doctor will phone you with the findings (if requested) before proceeding with any required extractions or additional treatments. The technician starts scaling the crowns of the teeth, then uses a subgingival curette to scale below the gumline, and finally, polishes the teeth to smooth any imperfections on the surface of the teeth.

**Cost of COHAT:**

COHAT	700.00 +hst
Anesthesia – Induction and Maintenance	Included
Anesthetic Monitoring	Included
IV Catheter and Fluid Therapy	Included
Full Mouth Radiographs and Interpretation	Included
Charting, Scaling and Polish	Included
Hospitalization and Patient Care	Included
Nail Trimming	Included

By initialing below, I agree that I am aware of the procedures involved with a COHAT and agree to pay the costs as explained above. \_\_\_\_\_

If any teeth are to be extracted the doctor places a dental nerve block to prevent the patient from feeling as much pain in those areas. This allows us to keep our patients at a lower plane of anesthesia. Extraction time varies from tooth to tooth because some teeth are single rooted whereas others are 2 or 3-rooted. The degree of dental disease and damage to the tooth and/or root will also affect the length of time it takes to extract a tooth. The doctor starts by making a gingival flap over the desired tooth to gain access to the roots. If it is a multi-rooted tooth then the tooth is sectioned (cut) so that each root is extracted individually. Once all the roots are extracted the doctor will smooth the bone so there are no sharp edges. Then the veterinary technician will take a post-extraction radiograph to ensure the entire tooth has been extracted. Once this is confirmed, the doctor sutures the area closed. Gingival tissue requires a tension-free closure, which can require a mucoperiosteal release or adjustment flap.

**Costs associated with dental extractions and dental surgery:**

Local Block/Anesthesia per quadrant (1-4 quadrants)	10.00 – 40.00 +hst
Anesthetic Maintenance (30 - 120 minutes)	198.87 – 795.48 +hst
Surgical Extraction Time (30 - 120 minutes)	363.96 – 1455.84+hst
Gingival Flap Surgical Incision	Included in above time
Closure of Gingival Flap/Extraction Location	Included in above time
Post Extraction Radiographs	Included
Periovine Application	0.00 – 40.00
Pain Management – in hospital	75.00 – 150.00+hst
Pain Medication – to go home	100.00 – 150.00+hst

The above costs reflect 30-120 minutes of extraction time. If extractions take less time than outlined above, the costs will decrease appropriately. Extraction time is billed by minute.

By initialing below, I agree that I am aware of the procedures involved with surgical dental extractions and have been informed of the associated costs. \_\_\_\_\_ Please select your additional consents below.

**Due to general anesthesia being required to fully assess your pet’s oral health, a full treatment plan and cost estimate cannot be determined prior to the start of the procedure.** Full mouth radiographs and oral assessment are completed under general anesthetic in order to formulate a full treatment plan.

**Please be advised, if you would like a phone call prior to proceeding with extractions or other treatments, we will only hold your pet under anesthesia for 10 minutes while we await your response.**

Please read each of the options provided below and select one. By initialing your choice, you agree to pay the associated costs:

1. Please extract any teeth, as recommended by the doctor, even if the total cost **EXCEEDS** the above estimate **WITHOUT** a call from the doctor first to go over the oral assessment and radiographic findings. \_\_\_\_\_  
Initial

2. Please extract any teeth, as recommended by the doctor, **WITHIN** the above estimate and **WITHOUT** a call from the doctor first to go over the oral assessment and radiographic findings. If **EXCEEDS** the original estimate then please have the doctor call me with the findings first. \_\_\_\_\_  
Initial

3. Please extract any teeth, as recommended by the doctor up to a total invoice maximum of \$\_\_\_\_\_+tax. \_\_\_\_\_  
Initial

4. Please call prior to any extractions. \_\_\_\_\_  
Initial

**\*If option 2 or 4 was selected then please also select one of the following:**

A. If I cannot be reached within the 10 minutes provided then I authorize any extractions that the doctor deems essential to the wellbeing of my pet. \_\_\_\_\_  
Initial

B. If I cannot be reached within the 10 minutes provided then I authorize any extractions that the doctor deems essential to a total invoice maximum of \$\_\_\_\_\_+tax. \_\_\_\_\_  
Initial

C. If I cannot be reached within the 10 minutes provided then please wake up my pet. I understand my pet may require an additional anesthetic procedure, at additional cost, at a future date to complete the recommended treatment plan. \_\_\_\_\_  
Initial

If medically appropriate, the following procedures may be performed if you opt for them. If option 3 is performed, another COHAT would be performed in 6 months to monitor treatment progress.

1. Bonded sealant – the application of a sealant to smooth superficial defects in the teeth.
  - a. Bonded sealants are applied at a cost of \$40+hst per quadrant of the mouth, which would be a maximum of \$160+hst if teeth in all 4 quadrants required sealant.
2. Dental restoration – the tooth is sealed and then composite is applied to larger defects in a tooth to help protect and preserve it
  - a. The cost of dental restoration is \$93.00/10 minutes +hst
3. Bone graft and tissue regeneration – the application of bone grafting material and resorbable membranes to regenerate tissue and try to preserve teeth that would otherwise require extraction
  - a. The cost of 1 bone graft application is \$165 +hst

**Consent for the 3 options above:**

I DO consent to the treatments deemed necessary by the doctor by initialing beside each option. By NOT initialing an option, I do NOT provide consent to move ahead with the treatment.

Bonded sealant \_\_\_\_\_

Dental restoration \_\_\_\_\_

Bone graft and tissue regeneration \_\_\_\_\_

Some teeth are discolored and effectively a dead tooth, which means they no longer have an active nerve or blood supply. These teeth can potentially remain in the mouth if a root canal is performed. Root canals are performed by board-certified veterinary dentists in specialty hospitals and the estimated costs are around \$3,000. If a tooth is identified that could be saved by a root canal, would you want to pursue that or would you prefer to move forward with extraction? Please initial your choice below:

I would opt for a root canal at a specialty hospital \_\_\_\_\_

I would opt to extract the tooth \_\_\_\_\_

I would like a phone call to discuss prior to making a decision \_\_\_\_\_

In some situations, we must perform a staged procedure, which is where we perform some extractions on the first day and then bring the patient back at a later date to complete the planned extractions. This may happen for several reasons, which may include:

1. Patient is not doing well under anesthesia
2. Dental disease is significant and the teeth and/or tissues are causing extractions to be more complex and therefore taking longer
3. Financial constraints

The maximum cost for the second stage of a procedure is \$1500 incl hst if we are staging due to reason 2.

By initialing below, I agree that I have been informed that my pet may require a staged dental procedure although the goal is always to complete needed treatments in the same day. \_\_\_\_\_

In some situations, our patients will require a discharge time after 5pm due to surgery time extending into the afternoon. In this case, we will be in contact to discuss this with you and inform you about a later discharge time. For some patients with significant dental disease requiring multiple extractions, the anesthetic and surgery time will exceed 3-4 hours. We will always maintain patient safety as our top priority.

It may be recommended that your pet be transferred to a local emergency hospital for after hours or overnight monitoring depending on their response to anesthesia and their recovery. This would be at your expense.

The patient is woken up and once they are swallowing on their own, the endotracheal tube is removed. They are then placed into their kennel with blankets, warming pads and remain on IV fluids to help flush the medications from their body and restore hydration.

Food is offered once they are sitting up and looking around. Dogs are walked outside once they are stable and fully awake, then the IV catheter is removed. If your pet has food sensitivity or allergies, please bring food from home.

Risks that are anticipated and prepared for include but are not limited to:

1. Anesthetic related complications such as reactions to a drug, low blood pressure, hypothermia.
2. Bruising at the IV catheter site
3. Irritation of the skin from the clippers and/or surgical preparation solutions (at IV catheter site).
4. Bleeding from extraction site(s)
5. Regurgitation or vomiting with potential inhalation of material.
6. Jaw fracture (procedure dependent)
7. Corneal ulceration
8. Lip entrapment or trauma from remaining teeth
9. Facial swelling
10. Suture Reaction
11. Breakdown or dehiscence of extraction site(s)

To reduce risks, we perform pre-anesthetic bloodwork to assess organ function and cell counts (including platelet counts for adequate clotting). If your pet is a senior or has an existing heart arrhythmia, we will perform a CardioPet ECG screen as well.

We tailor our anesthetic protocols to each pet and choose medications that can be reversed wherever possible. IV catheters and IV fluid therapy is very important for safety and also for helping to maintain hydration and blood pressure. Patients may be under anesthesia for multiple hours of time and are carefully monitored throughout every procedure.

Our endotracheal tubes are left in place as long as safely possible to prevent the inhalation of vomit or regurgitation.

In case of a severe emergency, such as an anaphylactic drug reaction, a respiratory or cardiac arrest, we will take action immediately.

#### CPR/DNR Decision

CPR is Cardiopulmonary Resuscitation and this can be performed in an attempt to restart a patient's heart if it were to stop beating on its own. CPR is successful in an estimated 20-40% of cases and there is an 80% chance of the heart stopping again within minutes or hours of the initial CPR being performed.

DNR stands for Do Not Resuscitate and this decision means that if your pet's heart was to stop beating, we would not attempt CPR.

**You can choose to have CPR attempted or you can choose DNR, please identify your choice below by initialing one of the 2 options.**

I choose to have CPR attempted on my pet (Estimated cost \$480) \_\_\_\_\_

I choose DNR for my pet \_\_\_\_\_

**Consents to go ahead with the procedure as described above.**

1. I consent to the performance of the above described procedure(s). I understand that there are risks associated with any and all procedures and I have been given the opportunity to discuss these risks.
2. I agree to release Presqu'ile Animal Hospital, the employees and doctors of any and all liability for any adverse events relating to the completion of the above procedure(s).
3. I have been advised as to the nature and purpose of the procedure(s) and accept that no guarantee or warranty exists as to the result of diagnosis and treatment of the above described animal.

4. I am aware that some procedures will be performed by auxiliaries.
5. I am aware that the doctors and employees of Presqu'île Animal Hospital are on site from 8am to 5pm, Monday to Friday, excluding holidays and other stated exceptions. Overnight care is not available and a recommendation of transfer to an emergency hospital may be made.
6. If unforeseen conditions arise which, in the judgment of the attending veterinarian, call for procedures or treatments other than those now being authorized, I authorize such procedures if reasonable efforts to contact me for further consent are unsuccessful.
7. I authorize flea treatment on the animal described above if they are found to have fleas to prevent the spread of parasites to other animals in the hospital. This is at my own expense. I will be charged a fee of \$26.25+hst to cover the treatment of other pets in the hospital if indicated.
8. I consent that Presqu'île Animal Hospital will transfer care/ownership of any pet that is not claimed by the client within 5 days of the completion of the in-hospital treatment(s) listed above to an animal shelter or animal control service.
9. I have had all the fees outlined to me and agree to pay such fees upon discharge from the hospital unless alternate arrangements have been made in writing, prior to admission. I am aware that third-party financing is available on approved credit through ScratchPay and I can apply for credit if I choose to, however, this must be completed prior to completion of services.
10. I am aware that this is an estimate of fees and that the amount owing may vary up to 10% from this written quote without verbal authorization. I am aware that I have been given an estimate based upon the pre-anesthetic examination only. Additional concerns may be noted during the anesthetized oral examination that requires intervention. Additional fees may apply based on my choices as indicated on the informed consent documents.
11. I am the **(circle one) owner** or **authorized agent** of the animal described above.  
I have the authority to execute this consent and am over the age of 18

Contact Information to be used during today's stay:

Primary Contact Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternate Contact Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does the alternate contact have the authority to make Medical/Financial decisions?      Yes    No

It is required that one of the authorized contacts be reachable by phone throughout the entirety of <animal>'s stay with us. If a phone number is not available, an authorized agent or owner must stay in the building.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Print Name: \_\_\_\_\_

\*Witness will be a staff member at Presqu'île Animal Hospital the morning of the treatment/surgery

Review of the signed consents completed by Dr. Andrea Wernham \_\_\_\_\_