

Contact

☎ 514-919-3895

✉ dentisterie@evetmobile.com

🌐 www.evetmobile.com



CONSENT FORM

DENTAL PROCEDURES BY DRE JOSÉE MARCOUX

I, the undersigned, owner of _____, authorize the following treatments to be performed on my animal: _____, who, as of today, weighs: _____ kg.

An estimate of _____ \$ + taxes has been provided to me.

I understand that this treatment plan may change following the dental examination under anesthesia and the dental radiographs.

If any modifications are necessary, I can be reached on the day of the procedure at: (_____) _____ - _____.

If I cannot be reached:

I authorize the veterinarian to **perform any treatments deemed necessary** (extractions, wound closure, etc.), up to a maximum amount of: _____ \$ + taxes.

Do not exceed the initial estimate. I understand that treatment may then be partial.

Medications given in the last 7 days:

Name : _____	Name : _____	Name : _____
Date : _____	Date : _____	Date : _____
Time : _____	Time : _____	Time : _____

***I confirm that the above information is accurate, and I understand that any omission may have consequences for my pet, for which I take full responsibility.*

Initials: _____

In the event of a cardiopulmonary arrest:

- Yes**, I wish for my pet to be resuscitated (fee of \$320 + possible hospitalization)
 No, I do not wish for resuscitation

I authorize the use of radiographs and photos taken during the procedure for educational and awareness purposes:

- Yes No

Date : _____

Signature: _____