



VETDENT SA

cc 2001/042210/23

www.vetdentsa.co.za

VETERINARY DENTISTRY & MAXILLOFACIAL SURGERY REFERRALS
012 529 8276 / Michelle.Cruywagen@up.ac.za

CONSENT TO TREATMENT AND ACCEPTANCE OF PROVISIONAL COST ESTIMATE

(please print this document and bring it along on the day of your appointment)

Animal Name and Breed: _____

I hereby grant permission for the above animal to be admitted to the Dentistry and Maxillofacial Surgery Clinic situated within the OVAH for the investigation / treatment of

_____ and accept / consent to the following:

1. Where deemed necessary and appropriate by the veterinarian:
 - a. Performance of various procedures and tests, including surgical intervention
 - b. Administration of sedative, local and general anaesthetic agents
 - c. Administration of drugs or medications, including those approved for use in humans or another species
2. That I will not remove the animal from its stable or cage in OVAH until a duly authorized person from the Dentistry and Maxillofacial Surgery Clinic of OVAH has given permission to do so.
3. Storage of my animal's medical records, including photographic images and the usage thereof for training purposes and or publication
4. Use of my animal for supervised student training purposes
5. Use of diagnostic samples for training and or in research projects
6. A post mortem examination in the event of the death of my animal (due to elective euthanasia, or as a result of a terminal disease) both for student training purposes, as well as to aid in the diagnosis and treatment of a similar condition in other animals
7. That euthanasia may, after verbal permission from me, be performed for either humane reasons, or in compliance with State Veterinary regulations
8. That personal property is left with my animal entirely at my own risk
9. Diagnostic testing of my apparently healthy animal and or appropriate treatment of my clinically affected animal as part of the management of a contagious disease within the OVAH
10. That all drugs, procedures, tests and surgical interventions carry risk and that the success of any medical surgical treatment cannot be guaranteed

Furthermore, I agree to the estimated costs of treatment for the above animal, and understand that:

1. This is a provisional estimate only, and that actual treatment may exceed this estimate
2. My consent to additional costs shall be obtained, if at all practically possible, prior to them being incurred
3. This estimate does not take into account any potential complication of cost thereof



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4. This estimate does not cover follow-up and or future visits or long term chronic medication
5. Full payment is required upon collection of the animal from the OVAH (Dentistry and Maxillofacial Surgery Clinic)
6. Should the animal become deceased while hospitalized in the OVAH, full payment will be required upon notification thereof

Calculation of the estimate can only occur after consultation with Dr Steenkamp

Provisional estimate is between R_____ and R_____ (including VAT)

Of which a deposit is payable upon registration / receipt number _____

Deposit is due upon admission, after consultation with Dr Steenkamp

Dental scale and polish	R 500.00
Root canal treatment	R 1 500.00
Maxillofacial Surgery	R 1 500.00

Owner / Agent Details						
Title		Surname		First Name		
Contact Numbers	H		W		Cell	

Method of Payment	Cash	Electronic Transfer	Credit Card	Debit Card
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Signature

Date