

Dental Treatment Plan Estimate Cost of Service

This estimate is only good for 14 days from the date listed on this sheet

Countryside Veterinary Hospital
3120 S. Woodruff Ave., Idaho Falls, ID 83404
(208) 522-8010 countryside.idahofalls@gmail.com

Date: _____ Owners Name: _____
 Pets Name: _____ Age: _____ Breed: _____ Sex: _____

Dental Procedure Charges: IV Catheter, Anesthetic, Hospitalization, Dental Proph (45 minutes or less)

Cats - \$317.37	Dogs 0 - 25lbs - \$384.86	Dogs 25 - 50lbs - \$397.68	Dogs 50 + lbs - \$423.30
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Additional Options

Prenesthetic blood work: **\$128.25** Yes No IV Fluids with Procedure: **\$49.50** Yes No
 Dental X-rays if needed: (Single **\$38.46** / Upper and Lower Mouth **\$76.88** / Whole Mouth **\$115.34**) Yes No

Extraction Options

Extraction costs per tooth:

	<i>Incisors</i>	<i>Loose Molars</i>	<i>Surgical Molars, Canines for cats</i>	<i>M1, PM4, Canines for dogs</i>
Cats	\$10	\$20	\$46	\$46
Dogs	\$10	\$27	\$46	\$99

Other possible extraction related costs:

- Additional Anesthesia over 45 minutes: \$3.38/minute
- Local Anesthetic Block for extractions: \$25.65 for 2 sites
or \$59.08 for 3 to 4 sites
- Pain Medication Injection: \$32 - \$97
- Take home Antibiotics: \$39.- \$78
- Take home pain medication: \$33 - \$59
- Take home food (a/d canned or t/d dry): \$10 - \$59
- Antibiotic Gum Doxycycline Treatment: (\$26/tooth)

Extraction Consent:

- I authorize the Veterinarian to use their best judgment and perform whatever procedures are needed. I accept the additional costs involved
- Call me before proceeding with any extractions. I understand that if I DO NOT answer, nothing additional will be performed.

Add On Surgery:

Exam and Vaccinations				Current Medications			
Exam	<input type="checkbox"/>	\$69.50		Canine Flu	<input type="checkbox"/>	\$45.00	
Sharps	<input type="checkbox"/>	\$6.00		Proheart 12	<input type="checkbox"/>		
DHPP	<input type="checkbox"/>	\$26.00		Rabies	<input type="checkbox"/>	\$26.00	
DHPP-L	<input type="checkbox"/>	\$39.00		FDRT	<input type="checkbox"/>	\$26.00	
Lepto	<input type="checkbox"/>	\$30.50		Feline Leuk	<input type="checkbox"/>	\$38.00	
Bordetella	<input type="checkbox"/>	\$26.00			<input type="checkbox"/>		

10% Discount on the dental cleaning only during Dental Health month's- February & March (\$ _____)

ESTIMATE # _____ \$ _____

I authorize and consent to the use of anesthetics, sedatives, medications and/or procedures, as the veterinarian deems appropriate. If during the performance of these procedures an unforeseen condition is revealed. I further authorize consent for the Veterinarian to use their best judgement in the matter of my pets health.

I understand there is always some risk associated with the use of anesthetics, sedatives, medications, and surgery. I also understand that my pet may have unforeseen conditions that may result in complications or even death.

I have been advised as to the nature of the recommended procedure(s) and/or operation(s) and the risks involved. I realize the results cannot be guaranteed. The fees noted on this sheet are only an estimate for your convenience. The fees may vary depending on the procedure(s) and/or operation(s) and any complications that may arise.

PAYMENT IS REQUIRED BEFORE THE PET CAN BE RELEASED

I am the owner or agent of the above-described animal and have the authority to exercise this consent. I hereby consent and authorize the performance of the following procedure(s) and/or operation(s).

Signature of Owner/Agent: _____

Cell # to call Today: _____ Date: _____