



Winchester Animal Hospital  
**TREATMENT CONSENT FORM**  
540-667-0260 [wahpets@gmail.com](mailto:wahpets@gmail.com)

<last-name>

<animal>

<date>

I hereby authorize the veterinarians of the Winchester Animal Hospital to perform the approved procedure(s) on my pet along with any additional diagnostic and/or treatment procedures as deemed advisable or necessary for my pet. I understand that any additional procedures may increase the final cost. I understand that the hospital requires that all pets have a recent physical examination, be free of all parasites, and be current on vaccinations. I realize that there is always risk when anesthetics and other medications are used if surgery is performed. I understand that results cannot be guaranteed.

The Winchester Animal Hospital has medical staffing: Monday through Thursday 8am - 6pm, Friday 8am - 5pm, and Saturdays 8am - 12pm. Sundays as needed. If the doctor feels it is necessary, you will be asked to take your pet to the Veterinary Emergency Center for overnight care.

**Where can we reach you today?**

**Estimate** of today's services: \_\_\_\_\_ or [ ] See estimate in file.

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**If my pet is here for an illness or injury, and the doctor feels it is necessary for the diagnosis of my pet. I am authorizing the following:  
(please initial.)**

\_\_\_ **Laboratory work** I am aware that it could be between \$120-\$200.

\_\_\_ **X-rays** I am aware that radiographs could be between \$260-\$325.

\_\_\_ Call me before performing any services. \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**Payment is due when pet is picked up. Initial** \_\_\_\_\_