

Winchester Animal Hospital
SURGICAL CONSENT FORM
540-667-0260 wahpets@gmail.com



Date: _____ Pet: _____ Surgery: _____

I hereby authorize the veterinarians of the Winchester Animal Hospital to perform the above procedure(s) and 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 and when surgery is performed. I understand that results cannot be guaranteed. The Winchester Animal Hospital has medical staffing:

Monday through Thursday 8am-6pm, Fridays 8am-5pm, and Saturdays 8am-12pm.
If the doctor feels it is necessary, you will be asked to take your pet to the Veterinary Emergency Center for overnight care.

I am aware that pre-surgery blood work is recommended for the safety of my pet today.

My pet has had nothing to eat in the last 8 hours. Owner's Initials: _____

Where can we reach you today? _____

Estimate of today's services: _____ or [] See estimate in file.

Payment is due when pet is picked up from surgery. Initial _____

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If the doctor finds something unexpected, I would like the following steps taken:

- ___ Do not perform any extra services to my pet.
- ___ You do not need to call me, do what is best for my pet within \$ _____
- ___ Call me before performing any other services. # _____



Microchipping is recommended in all pets. The procedure is more comfortable while you pet is asleep. The fee of \$59.00 includes insertion of the microchip and the first year's registration fee with HomeAgain [] YES, please protect my pet by microchipping today.
[] NO thank you.

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Signature of Owner _____ Date _____
