



Winchester Animal Hospital
TREATMENT CONSENT FORM

540-667-0260 wahpets@gmail.com

Owner: _____ Pet: _____ 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 can not 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.

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 \$60-\$200.

___ **X-rays** I am aware that radiographs could be between \$200-\$325.

___ Call me before performing any services. _____

Signature of Owner _____ Date _____

Payment is due when pet is picked up. Initial _____