

Apple Valley Animal Hospital
1207 Cedar Creek Grade -Winchester, Va 22602
(540) 678-0202



Treatment Consent Form For: _____ **Date:** _____

I hereby authorize and direct the veterinarians of the Apple Valley Animal Hospital to perform 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 realize that the hospital requires that all pets be current on vaccinations, be free of all parasites, and have had recent physical examination. I understand there is always a risk when anesthetics and other medications are used and that results can not be guaranteed. The doctors have my permission to do what they view necessary for my pet today.

The Apple Valley Animal Hospital has business and medical staffing hours Mondays 7am-6pm Tuesday through Friday 8am to 6pm and Saturdays 8am to 1pm.

The hospital is closed and not staffed all other hours. The doctors make night rounds as needed.

Payment is due when pets are picked up from hospital. Please initial _____

Owner's signature: _____ Witness: _____

Home No. _____

Where we can reach you today. _____

Treatment(s):

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Pre-Anesthetic Blood Testing:

Our greatest concern is the well-being of your pet. If we have the need to put your pet under anesthesia, we can perform a blood analysis. This gives us an inside look at your pet's vital organs and lets us know if they are functioning normally. Such tests are important before any kind of surgery. We strongly recommend that you have the blood work done at any age, but if your pet is over six years old we do require a MINI panel be performed. If your pet is over nine years old we require the full blood profile be done.

I would like the MINI panel done for my pet's safety (6 chemistry panel-PCV-Total protein)

I would like the FULL profile done for my pet's safety (12 chemistry Panel-PCV-Total protein-CBC-Electrolytes)

I would like an ECG done on my pet to insure a healthy heart before surgery is done today.

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Over ----->