



Treatment & Anesthesia Consent

VetweRx Equine North - 303-569-4828
VetweRx Equine South - 720-439-7789

CONSENT FORM FOR TREATMENT & ANESTHESIA

I, _____ the undersigned owner, or owner's agents of the animal(s) identified below, certify that I am over eighteen years of age, and thereby consent to hospitalize and/or provide surgical treatment of my animal by staff veterinarians at VetWeRx Equine. I understand why such treatments are recommended, and their advantages and possible complications have been explained to me. I understand that no guarantee of successful treatment is either made or implied. I understand that there is always a risk of contracting infectious diseases/viruses at any veterinary hospital, and I do not hold VetWeRx Equine liable or financially responsible in any way if my animal contracts an infectious disease/virus while in the care of VetWeRx Equine. If I neglect to pick up my animal at the time of scheduled discharge, I understand there will be a boarding cost incurred. I agree to assume financial responsibility for the balance of all services rendered on a cash, credit card, or check basis at the time my animal is discharged from the hospital.

We strive to ensure accuracy on estimates, however conditions and needs may change acutely in our patients, leading to actual charges going outside the range of the estimate. We will attempt to contact you in cases where there may be a variation in charges.

LABORATORY TESTS

A blood screen helps us more completely assess the health status (WBC, RBC, liver/kidney health, and disease) of your animal and determine if we need to take any additional precautions before surgery. We recommend your pet to have bloodwork within the last 12 months for patients under 7 years of age, and require it be performed prior to surgery for patients older than 7 years of age. By signing this consent form you approve the recommended laboratory testing protocol, unless otherwise stated.

Name of Animal _____

Name of Owner or Authorized Agent

Contact Number

Signature of Owner or Authorized Agent

Date