



ANIMAL HOSPITAL OF WAYNESBORO

X-RAY CONSENT FORM

Owner's Name: _____

Patient's Name: _____ Species: _____

Date: _____

I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent. I take responsibility in the event the doctor or hospital suffers damage due to treatment that I have authorized. I hereby consent and authorize Dr. Gregory Lorenz, Dr. Valerie Weiss, Dr. Michelle Weeks, or Dr. Stacy Reeder to x-ray my pet.

Under certain circumstances I understand that it may be necessary to sedate or anesthetize my pet in order to obtain a quality x-ray. I understand that there are certain risks and complications associated with anesthesia. I further understand that during the course of the x-rays, unforeseen conditions may arise that necessitate the performance of additional procedures.

The Animal Hospital of Waynesboro will conduct a full physical exam prior to anesthesia. If we have not seen this animal within the past year, an appropriate fee will be charged. Many conditions, including disorders of the liver, kidneys, or blood are not detected unless blood testing is performed. For this reason we recommend screening prior to administering anesthesia. Information about the tests included in the pre-anesthetic blood screen is enclosed. The cost of these important tests ranges between \$62.55 and \$70.00. The pre-anesthetic blood screen is more cost effective if done prior to the procedure. Please ask us if you have any questions about the time frame.

I authorize a pre-anesthetic blood screen for my pet. YES NO

Please list any medications and herbal remedies your pet is presently taking:

Signed: _____

Date: _____

Telephone numbers where I may be reached the day of the procedure:
