

West Woodward Animal Hospital

915. West 9 Mile Road, Ferndale, MI 48220

Telephone: (248)-414-9700

Fax: (248)-414-9702

Estimated Medical/Surgical Fee(s)

Client Name: _____
X-Ray(s): _____
Patient Name: _____
Blood Work: _____
Phone Number: _____
Vaccine(s): _____
Date: _____
Heartworm Test: _____
Office Call/Exam: _____
Ear Cleaning: _____
Anesthesia: _____

Injections: _____
Dental: _____
Medicine: _____
Tooth Extraction: _____
Bath/Dip: _____
Surgery: _____
Fecal Exam: _____
Fluid Therapy Per Day: _____
Parvo Test: _____
Hospitalization Per Day: _____
Lab Test(s): _____

TOTAL ESTIMATE: _____

DEPOSIT: _____

This estimate is based on anticipated fees. It is just an approximation, and is NOT to be constructed as the final charges.

Medical and Surgical Authorization Consent:

I hereby authorize the performance of the below procedures:

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved. I have read and understand this authorization and consent.

Date: _____

Signature of Legal Owner: _____