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DENTAL AND/OR MEDICAL RELEASE FORM

OWNER'S NAME _____ PET'S NAME _____
PROCEDURES AND TREATMENT _____

PRE-ANESTHETIC BLOOD SCREEN: Your pet is scheduled for a procedure that will require anesthesia. The safety of anesthesia has greatly increased with new technology and anesthetic agents. However, there is always some risk with anesthesia. We will perform a complete physical examination before your pet is anesthetized. Some conditions, such as liver, kidney, and certain blood disorders may not be detected without blood analysis. For these reasons, we strongly recommend a preoperative blood screening including a complete blood count, be performed. This may help us detect an underlying problem that could lead to anesthetic complications. With our in-house blood analysis capabilities, we can have these results within minutes, which enables us to evaluate potential surgical risks.

____ Yes, I would like a pre-operative blood screen performed on my pet and understand there will be an additional fee.

____ No, I understand a pre-operative blood screen is recommended for my pet, however I choose to decline the blood screen at this time.

ORAVET: . OraVet Barrier Sealant creates an invisible barrier that prevents plaque-and tartar from attaching to the teeth. We will apply OraVet Barrier Sealant as the last step in you pet's dental cleaning. You then apply OraVet prevention gel once a week at home. It's the easy alternative to daily brushing . By using oravet on your pet's teeth you will see a reduction of tooth extractions, fresher breath, and better overall health.

____ Yes, I would like to have OraVet applied to my pets teeth and the gel kit sent home and understand there will be an additional fee.

____ No, I understand the benefits of OraVet for my pet, however I choose to decline the OraVet at this time.

I understand, although all reasonable precautions and due care will be taken during the treatment of my pet(s), there is always a potential risk in anesthesia and surgery. I accept these risks, and authorize Shenandoah Veterinary Hospital, Inc. to perform such treatment as deemed necessary. I further realize that I am responsible for payment of the procedures and treatments performed on my pet at the time he/she is discharged.

Signed: _____ DATE: _____

Daytime Telephone number: _____