



1152 Shepherdstown Road • P.O. Box 466 • Martinsburg, WV 25402-0466

ShenandoahVetHospital@adelphia.net

304/263-2112 • Fax: 304-263-2131

**MEDICAL AND/OR SURGICAL 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.

**LASER:** We offer a laser surgery option for all our surgery patients. Compared to traditional methods, laser surgery leads to less swelling and bleeding, reduced pain and faster recovery for your pet. Bleeding and swelling are minimized because the laser energy seals small blood vessels and nerve endings. Laser energy also sterilizes as it cuts so risk of infection is greatly reduced. Please consider the kinder, gentler surgical option.

\_\_\_\_ Yes, I would like laser surgery performed on my pet and understand there will be an additional fee.

\_\_\_\_ No, I decline the option of laser surgery for my pet.

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: \_\_\_\_\_