



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

304/263-2112 • Fax: 304-263-2131

Surgical Release and Pre-Anesthetic Blood Screen

Date: _____

Owner: _____

Pet(s): _____

Procedure: _____

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 blood disorders may not be detected without blood analysis. For these reasons, we strongly recommend a preoperative blood screening 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.**

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: _____

Daytime Telephone Number: _____