



2401 Emig Mill Road    110 Morgan Lane  
 Dover, PA 17315    York, PA 17406  
 717-767-0180

**Thank you for scheduling your pet's procedure today.**

Procedure Date: \_\_\_\_\_

Last name: \_\_\_\_\_, First name: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

I, the undersigned owner or designated agent, hereby authorize the staff of Shiloh Veterinary Hospital to perform the following procedure: \_\_\_\_\_

I authorize anesthesia and understand that although anesthetic complications are rare, there is always the potential for complications, including death. I also understand that, while the veterinarian will make every effort to contact me in the case unforeseen emergencies, if unable to reach me, the veterinarian will proceed with any necessary life-sustaining procedures.

**Extractions:** At times it is necessary during a dental to extract loose, deteriorating or problematic teeth. Some extractions may have already been discussed during your pet's last exam. However, there are times when during the cleaning we discover teeth in need of extraction, or other oral conditions that require treatment.

***I authorize extra dental procedures.*** If I am unable to be reached by phone to discuss estimated costs I authorize the veterinarian to perform any extra dental procedures necessary for my pet. ***I also agree to the extra added cost of these procedures.***

***I do not authorize extra procedures.*** If I am unable to be reached by phone to discuss estimated costs I do not authorize the veterinarian to perform any extra procedures necessary for my pet. ***I understand that my pet may need to be re-anesthetized at a later date to perform such procedures.***

**Pain management:** Our clinic strongly believes in compassionate, quality medical care for our patients. As a result, all surgical patients will receive pain management during surgery and recovery. Additional pain medication may be prescribed for use at home.

**Preanesthetic bloodwork:**    Profile 1 (fee: \$66.50)    selected     Already performed on (date) \_\_\_\_\_  
    Profile 2 (fee: \$119.50)    selected     Already performed on (date) \_\_\_\_\_

**Additional procedures:** By signing this form, I agree to have the following procedures performed **ONLY** if they are necessary. I realize that there is an additional fee for each of these procedures. Fees may vary.

- **Vaccines** may be given if your pet is not up to date.

- *Ear Flushes* may be performed if we see evidence of ear infections and/or mites.
- *Flea treatments* may be applied if fleas are noted to prevent an infestation of our hospital.

**Microchipping:** A microchip the size of a grain of rice can be injected under the skin to provide permanent identification for your pet if they ever become lost. This technology allows shelters and veterinarians to immediately contact the owner of a lost dog, even if they have lost their collar and ID tags. (fee: \$65.75)

*I would like my pet microchipped today:*     *Yes*             *No*

*I, the undersigned owner or designated agent, hereby authorize the staff of Shiloh Veterinary Hospital to perform all agreed upon procedures and understand all the above.*

Owner/Agent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

You may contact me at the following numbers:

| Order of call preference | Number  | Home | Work | Cell | Between hrs. of.... |
|--------------------------|---------|------|------|------|---------------------|
| Call FIRST:              | (     ) |      |      |      |                     |
| Call 2 <sup>nd</sup> :   | (     ) |      |      |      |                     |
| Call 3 <sup>rd</sup> :   | (     ) |      |      |      |                     |



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Dear <first-name>:

This letter is to inform you that <animal> is scheduled for a dental cleaning or oral surgery soon. Your pet is scheduled to be admitted to the hospital at: \_\_\_\_\_. If you have a pre-surgical appointment scheduled with a veterinarian, please refer to your scheduled appointment time. You also have the option of admitting your pet the evening before, if arrangements have been made beforehand.

Enclosed you will find a surgery release/anesthesia form. ***Please read and complete this form and bring it with you when you drop your pet off for surgery.*** Pre-anesthetic bloodwork gives the doctor an inside look at your pet's vital internal organs. We are especially concerned with the health of the liver and kidneys, as these organs help the body get rid of the medications used during anesthesia.

#### ***Pre Surgery Checklist***

- ✓ Remove all food after 8:00 P.M. the night before your pet's procedure. Your pet may have water available at all times.
- ✓ If you have been given pre-medication, be sure to administer the prescribed antibiotics and/or pain medications for your pet's dental prior to the procedure date.
- ✓ Complete and sign the surgery release form.
- ✓ Give lots of extra pats and kisses!

All anesthetized patients at Shiloh Veterinary Hospital are closely monitored with state-of-the-art instrumentation, such as a pulse oximeter (measures oxygen carried in the blood), temperature, pulse and heart rate. These technologies, along with pre-anesthetic screening and intravenous fluids, reduce the risk of anesthesia to its lowest level. In addition, your pet may receive a pain relief injection (as deemed necessary by the doctor) to minimize any pain that may be experienced post surgery.

If you have any questions regarding pre-anesthetic blood testing or your pet's procedure, please don't hesitate to call.

We look forward to seeing your pet!

Sincerely,  
The Doctors, Technicians and Staff at Shiloh Veterinary Hospital