



# Craig Road Animal Hospital

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

Pet's Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

I am the owner/agent of the above/described animal and have authority to execute this consent. I hereby authorize consent of the following procedures: \_\_\_\_\_

With full understanding of the above, the undersigned owner/agent authorizes Craig Road Veterinary Staff to perform, under the anesthetic deemed advisable, said operation/procedure. I understand that further procedures may be therapeutically necessary based on findings during the operation/procedure. I consent to those procedures, their additional cost, and any unexpected lifesaving emergency care deemed necessary by the attending veterinarian. I understand that risks and potential complications exist with anesthesia and surgery and do not hold Craig Road Animal Hospital liable for those risks. Reasonable precautions will be used against injury, escape, or death of this pet.

### **PRE-OPERATIVE BLOOD TESTING**

We recommend every pet that has any anesthetic procedure performed have pre-operative blood work done.

Pre-operative blood testing can screen for: liver and kidney diseases, anemia, and other disorders that may present, and may place my pet at an additional anesthetic risk.

-For patients < 5 years old we recommend the pre-operative profile with complete blood count.

-For the protection of our patients > 5 years old or pets with pre-existing medical conditions we recommend a complete chemistry profile and complete blood count.

\_\_\_ **YES**, I want presurgical blood testing performed.

\_\_\_ **NO**, I do not want presurgical blood testing performed. I assume all responsibility in the refusal of this testing

\_\_\_ Already done. Date performed \_\_\_\_\_

### **HOMEAGAIN MICROCHIP.**

The implant fee for a pre-paid, registered microchip is \$45.00 which includes the registration fee.

I realize that results cannot be guaranteed, and payment is due in full at the time of discharge. By signing below, I indicate that I understand this consent and have an agreement with Craig Road Animal Hospital.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Emergency Contact Number

\_\_\_\_\_  
Date