



great pets deserve great care

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Major Surgical / Anesthesia Consent Form

Client Last Name: _____ Patient Name: _____ Client ID: _____
Patient Breed: _____ Patient Age: _____

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. The veterinarians at Craig Road Animal Hospital are doctors of veterinary medicine with an interest in surgery. Board certified surgeons, also known as specialists, may be available to perform this procedure at other facilities. Our veterinarians recommend a specialist consultation whenever possible to ensure the most appropriate procedure, and surgeon, for your pet.

PRE-OPERATIVE BLOOD TESTING

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

- 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: _____

CPR YES NO

Cardiac Circulatory Pulmonary Resuscitation: I understand that risks and potential complications exist with anesthesia and surgery and do not hold Craig Road Animal Hospital liable for those risks. The attending veterinarian will perform any necessary lifesaving emergency care and I agree to assume all financial responsibility associated with my decision.

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.

Owners Signature:

Phone Number: _____

Date: _____