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great pets deserve great

Brachycephalic Anesthesia Risk Consent Form

Client Last Name: Test Test
Patient Sex: MN

Patient Name: Eclipse
Patient Breed: Pug

Client ID: 53245
Patient Age: 3 years and 7 months old

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:

Laproscopic Spay Traditional Spay Neuter Other _____

I understand I have one of the following breeds and/or mixed breed.

- Affenpinscher
- American Bulldog/Bully
- Boston Terrier
- Boxer
- Brussels Griffon
- Bulldog
- Bullmastiff
- Cane Corso
- Cavalier King Charles Spaniel
- Chow Chow
- Dogue De Bordeaux
- English Mastiff
- English Toy Spaniel
- French Bulldog
- Japanese Chin
- Lhasa Apso
- Neapolitan Mastiff
- Pekingese
- Pug
- Shar Pei
- Shih Tzu

I understand that risks and potential complications exist with Anesthesia/Sedation/Surgery and is four times more likely with brachycephalic breeds including but not limited to respiratory crisis, vomiting/regurgitation leading to aspiration pneumonia, esophagitis, rhinitis, coughing and/or nasopharyngeal stenosis, post op anxiety leading to respiratory crisis, bradycardia, hemorrhage, dysphagia, and overall failure to improve. I do not hold Craig Road Animal Hospital liable for any of those risks. Reasonable precautions will be used against injury, escape or death of this pet. I consent to these risks and their additional cost, and any unexpected lifesaving emergency care deemed necessary by the attending veterinarian.

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: 12/06/2023

Please text me with updates about my pet's procedure: YES NO