



### Pre-Surgical Drop Off Form

Owner's Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Procedure:  Spay  Neuter  Dental  Other

When did your pet last eat? \_\_\_\_\_

Has your pet had problems with general anesthesia in the past?  yes  no

\*if yes, please explain: \_\_\_\_\_

Would you like any other services done on your pet today while under anesthesia?  yes  no

\*if yes, please choose:  nail trim(\$10)  ear cleaning(\$12)  anal glands(\$12)

microchip(\$40-includes enrollment for 1<sup>st</sup> year)

#### Pre-Anesthesia Blood work:

All anesthetic procedures include blood work prior to anesthesia. These tests may show an underlying issue. If for any reason the blood work shows a cause for my pet to not be able to undergo anesthesia, I agree to be responsible for the cost of the blood work. (\$65) \_\_\_\_\_(initial)

#### IV Catheter and Fluids:

Your pet will have an intravenous (IV) catheter placed during surgery to allow administration of medications and fluids. We will have to shave your pet's leg or legs. Your pet will go home with a bandage that can be removed later in the evening if needed. \_\_\_\_\_(initial)

#### Post-operative Pain Medication:

Your pet will be administered pain medications during surgery. If the veterinarian thinks that your pet will need pain medications after surgery, you will be financially responsible for pain medications to go home. The cost will be dependent on the size of your pet. \_\_\_\_\_(initial)

Please leave a reliable phone number and/or the name and number of another person who will be responsible for making decisions regarding your pet, that can be directly contacted today. Please leave as many numbers and contacts as possible.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I realize that there is always a risk with anesthesia that will not be revealed on a pre-anesthetic exam or bloodwork and the results cannot be guaranteed. I will not hold Crescent Animal Hospital or staff responsible for anesthetic problems with my pet. The veterinarian has my permission to perform any procedures deemed necessary should complications occur.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_