



Anesthesia Form

Owner's Name: _____

Patient's Name: _____

Best Phone Number for Today: _____ (we will text you updates)

Procedure: ___ Spay ___ Neuter ___ Dental ___ Other: _____

Your Pet's Health:

1. How long has it been since your pet last ate? _____
2. Is your pet on heartworm prevention or flea prevention? _____
***If we do not have a record of a heartworm test within the past 12 months, we will perform a heartworm test prior to undergoing anesthesia (\$37.00)**
3. Has your pet ever had complications with anesthesia in the past?
*if yes, please explain: _____

Extra Services: (please choose if you would like any extra services done)

___ nail trim (\$10) ___ anal glands(\$12)
___ nail trim w/ dremmel (\$12) ___ ear cleaning (\$12)

Surgery Consent

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)

Anti-Nausea Medication:

Some pets can become nauseated from anesthesia or the procedure. Please initial below if you give us permission to administer an anti-nausea medication to your pet. The price is dependent on size and can range from \$10-\$50. _____(initial)

Post-op Pain Medications:

Patients will be sent home with the appropriate pain medications that are deemed necessary after their procedure. We use a CO2 laser for surgery and provide post operative laser therapy with all of surgeries except in the incidence of cancer removal. The medication sent home is not included in the surgery cost and is dependent on weight of the animal and duration of the medication. _____(initial)

Homeagain Microchip: If your pet has not received a microchip, please initial below if you us permission to do so. If you wish to decline this service, please initial on the decline option. Please add any additional phone numbers or change of address that you wish to add to your pet's microchip registration below. Yes, I give permission for my pet receive a microchip (\$40) _____(initial) / I decline for my pet to receive a microchip _____(initial)

***I understand that each anesthetic episode is individualized and every precaution is taken to have the best outcome but that there are some incidences where complications do arise. By signing below, I authorize Crescent Animal Hospital to do what is deemed necessary in the best interest of my pet in the case that an emergency may arise and do not hold them responsible.**

Owner Signature: _____

Date: _____