



Surgical Consent Form

Patient Name: _____

Client Name: _____ Phone # _____ Alternate # _____

Procedure to be performed

<input type="checkbox"/> Spay (female)	<input type="checkbox"/> Dental	<input type="checkbox"/> Ear Flush
<input type="checkbox"/> Neuter (male)	<input type="checkbox"/> Laser Declaw <input type="checkbox"/> front only <input type="checkbox"/> All 4 paws	<input type="checkbox"/> Tumor Removal
<input type="checkbox"/> Other		

Crystal Creek Animal Hospital recommends that all our patients that are going under anesthesia should have *PreSurgical Blood Work* performed. We also recommend for spays and neuters to have our *Comfort Package* added to procedure.

PreSurgical Blood Work helps us know if the patient's body is able to handle anesthesia. The blood work looks at the major organ functions like the kidney and liver. It also looks at the cell count to check for anemia and infection and clotting disorders.

Comfort Package : \$130.00

- PreSurgical Blood Work
- IV Catheter and Fluids- (helps kidney function and blood pressure)
- 5-way Monitor- (blood pressure, oxygenation, ECG, respiration & heart rate)
- Surgery performed with Laser – (less trauma, bleeding, and inflammation)
- Antibiotics and Pain medication to go home
- Laser therapy after surgery for less inflammation and quicker healing.

* I have been informed regarding these recommendations stated above.

Risk Assessment and Authorization

I, the undersigned owner of the pet listed above, certify that I am eighteen years of age or over and authorize the veterinarian(s) at Crystal Creek Animal Hospital to perform the above stated procedure(s) and assume financial responsibility. I understand that some risk always exists with anesthesia and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure. My signature on this consent form indicates that any questions I have regarding these issues have been answered to my satisfaction.

While Crystal Creek Animal Hospital provides the highest quality of anesthesia and surgical procedures, I understand that there are rare complications associated with any anesthetic or surgical procedure. I understand that no guarantee or warranty has been made regarding the results that may be achieved. I will not hold Crystal Creek Animal Hospital, the veterinarian(s), or any staff member liable for any complications that may arise.

* Should unexpected life-saving emergency care be required and C.C.A.H. is unable to contact me, I give the staff permission to perform treatment and agree to pay for services.

Signature of Owner

____/____/____
Date