

Client name _____ Patient name _____

Procedure _____ Wt. _____

We strive to provide the highest quality medicine for your pet. We feel the below procedures screen your pet for any underlying disease before surgery. They can provide additional monitoring while under anesthesia as well as pain control to help with your pet's comfort. Prior to anesthesia your pet will receive a thorough physical exam; however, many conditions cannot be detected on a routine exam.

Please circle to accept or decline the Surgical Care Package for your pet. This package is in addition to the cost of the procedure. Estimates provided upon request.

Surgery Care Package (additional to surgery price) \$109.10

YES NO Initials _____

- Pre-surgical Blood Screening. Checking red blood count, blood sugar level, and liver & kidney function.
- Blood pressure monitoring.
- Pre-operative oral pain medication and post-operative pain injection. (N/C)
- Post-op oral take home pain medication is given at discretion of doctor. (\$15-\$25 additional)

***I would like take home pain medication only for my pet. _____ Initials*

Microchip: Price \$51.50 YES NO Initials _____

Home Again, a tiny microchip placed below the skin, is a nationally recognized pet recovery system that helps identify and facilitate the return of lost or stolen pets to their owners. Would you like us to help protect your pet by inserting this potentially life saving microchip today? (Price includes \$10.00 one time activation fee plus \$16.99 annual membership fee. Multi-pet discount available)

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent of the owner) of the animal above, and hereby give Crestwood Veterinary Hospital, their agents, or representatives full and complete authority to perform surgery, and any other medical services deemed necessary, including obtaining a current negative heartworm test. I hereby release Crestwood Veterinary Hospital, their agents and representatives from any and all liability for said animal. I have signed this permission form after careful reading.

How would you like us to notify you when your pet wakes from anesthesia?

___ Text message sent to: _____

___ Phone call to: _____

___ Email to: _____

Signed: _____ Date: _____

Owner/agent