

# Surgical Authorization and Consent Form

Owner Name *(please print)*

Pet(s) Name *(please print)*

I attest that:

- As owner or acting agent for the above listed animal(s), I authorize Animal Friends' Low Cost Spay/Neuter program to surgically sterilize the animal(s) presented to the clinic.
- My pet(s) is/are in good health and was/were fasted as instructed. If my pet(s) have a medical condition, I have disclosed the condition and the current treatment to an employee of Animal Friends Low Cost Spay/Neuter clinic.
- My Pet(s) is/are: ***(Check one of the following)***
  - Current on vaccinations (Please bring your vet records.)
  - Will receive vaccinations today.
  - I decline to vaccinate my pet(s) today. (This excludes the rabies vaccine. See below.)Vaccinations given at the time of surgery don't immediately protect an animal from disease and may require a booster.
- My pet(s) will be picked up from the clinic at the designated time. Failure to do so will result in additional charges. Animals cannot be kept overnight at the clinic.

I understand:

- Any surgery presents risks of injury or death.
- Some health factors can increase surgical risk. These include but are not limited to pregnancy, heart murmur, females being in heat, FIV, feline leukemia, and heartworm disease.
- Animal Friends reserves the rights to refuse service to any animal it deems a health risk.
- A brief physical exam is done prior to surgery.
- Blood work is required for all animals over 7 years of age but can be requested for any animal regardless of age. Blood work does have an additional charge.
- All pets receive a small green tattoo near the incision site to indicate permanent sterilization.
- Any pregnancy will be terminated during surgery and an additional fee will be charged to the owner.

***Please read and initial below.***

\_\_\_\_ All animals 12 weeks and older are required by law to be current on the rabies vaccine. Certificate of vaccination must be presented at the time of surgery. A rabies tag does not constitute proof of vaccination. Any animal presented for surgery without a certificate of vaccination will be required to be vaccinated at the time of surgery at the owner's expense.

\_\_\_\_ I am financially responsible for all additional charges for services deemed medically necessary for my pet(s) at the time of surgery. Payment for these fees is due at the time of discharge.

\_\_\_\_ I understand I am responsible for following all Animal Friends post-operative instructions as well as seeking out medical care for any post-surgical complications that may develop and am financially responsible for that care. Failure to follow discharge instructions will result in additional fees for follow up care.

I release the Animal Friends organization, their veterinarians, technicians, employees and volunteers from any and all claims arising from the performance of the sterilization surgery, other requested services, and my personal failure to follow discharge instructions as given by the Low Cost Spay/Neuter staff.

**In the event of an EMERGENCY please check one**

\_\_\_\_ I want the staff of Animal Friends to perform CPR (resuscitation) on my pet in the event my pet suffers from cardiac or respiratory arrest. I understand that my pet may not respond to CPR or may respond initially but suffer from another arrest later. My pet might die despite CPR. I understand that additional costs may be incurred after resuscitation to stabilize my pet and I agree to be financially responsible for all charges.

\_\_\_\_ I DO NOT want CPR performed on my pet. I understand that if my pet undergoes cardiac or respiratory arrest, they will die without CPR. I wish to have DNR (Do Not Resuscitate) orders placed on my pet's record.

**My signature below indicates I have read, understand and agree to all of the above information and have had all my questions answered to my satisfaction.**

Owner Signature

Date