

SPAY/NEUTER SURGERY CONSENT & WAIVER



<div style="border: 1px solid black; height: 40px; margin-bottom: 10px;"></div> <div style="color: red; font-weight: bold;">CURRENT RABIES REQUIRED</div> <div style="color: blue; font-weight: bold;">E-COLLAR HIGHLY RECOMMENDED</div> <div style="color: orange; font-weight: bold;">ADDITIONAL WEIGHT FEE FOR DOGS OVER 50LBS WILL APPLY</div>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="height: 40px; vertical-align: top;">PET NAME</td><td colspan="4" style="background-color: #f0f0f0; vertical-align: top;">ID NO. <i>(For internal use only)</i></td></tr><tr><td colspan="2" style="text-align: center; font-weight: bold;">SPECIES</td><td colspan="2" style="text-align: center; font-weight: bold;">SEX</td><td colspan="3" style="text-align: center; font-weight: bold;">AGE</td><td rowspan="2" style="text-align: center; font-weight: bold;">WEIGHT <i>(lbs)</i>ⁱ</td></tr><tr><td style="text-align: center;">DOG <input type="checkbox"/></td><td style="text-align: center;">CAT <input type="checkbox"/></td><td style="text-align: center;">MALE <input type="checkbox"/></td><td style="text-align: center;">FEMALE <input type="checkbox"/></td><td style="text-align: center;">Y <input type="checkbox"/></td><td style="text-align: center;">M <input type="checkbox"/></td><td style="text-align: center;">D <input type="checkbox"/></td></tr><tr><td colspan="5" style="height: 40px; vertical-align: top;">BREED</td><td colspan="3" style="height: 40px; vertical-align: top;">PRIMARY/SECONDARY COLOR</td></tr></table>	PET NAME				ID NO. <i>(For internal use only)</i>				SPECIES		SEX		AGE			WEIGHT <i>(lbs)</i> ⁱ	DOG <input type="checkbox"/>	CAT <input type="checkbox"/>	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	Y <input type="checkbox"/>	M <input type="checkbox"/>	D <input type="checkbox"/>	BREED					PRIMARY/SECONDARY COLOR		
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Does your pet have any current medical issues? <i>(such as, coughing, sneezing, vomiting, diarrhea)</i> YES <input type="checkbox"/> NO <input type="checkbox"/>				Is your pet currently on any medication? <i>If yes, please describe</i>																												
OWNER/AUTHORIZED AGENT NAME				PLEASE SELECT ANY ITEMS YOU REQUIRE																												
EMERGENCY CONTACT NUMBER																																
EMAIL ADDRESS																																
STREET ADDRESS																																
CITY	STATE	ZIP																														
For internal use only				PLEASE SELECT ANY ITEMS YOU REQUIRE																												
In-Heat <input type="checkbox"/>	Unilateral Umbilical Hernia <input type="checkbox"/>																															
Pregnant P1 <input type="checkbox"/>	Bilateral Umbilical Hernia <input type="checkbox"/>																															
Pregnant P2 <input type="checkbox"/>	Cryptorchid (Single) <input type="checkbox"/>																															
Pregnant P3 <input type="checkbox"/>	Cryptorchid (Dual) <input type="checkbox"/>																															
	Pyometra <input type="checkbox"/>																															
NOTES/LABELS				PLEASE SELECT ANY ITEMS YOU REQUIRE																												

SPAY/NEUTER SURGERY CONSENT & WAIVER



CONSENT & WAIVER TERMS	Please carefully read, and ensure you understand the following:
	Pre-Operative Requirements <ul style="list-style-type: none"> I acknowledge that I have followed all pre-operative requirements, in order for my animal(s) to receive sterilization surgery with The Clinic*.
	Vaccinations <ul style="list-style-type: none"> I acknowledge that it is recommended that all animals admitted to The Clinic be vaccinated and that, in the event my animals(s) is not fully vaccinated prior to surgery, I understand the associated risks, such as Parvovirus, kennel cough and, but not limited to respiratory infections post-surgery; and that I am responsible for treatment(s) at my own cost.
	Blood Work <ul style="list-style-type: none"> I understand that The Clinic does not perform pre-surgical blood work and that my animal(s) may have underlying medical conditions that place them at risk. I understand that blood work must be performed at a full service veterinary clinic.
	Pre-Surgical Exam <ul style="list-style-type: none"> I understand that my animals(s) will receive a pre-surgical exam and that the veterinarian has the right to decline to perform any procedure for any animal for any reason.
	Anesthesia & Medical Procedure <ul style="list-style-type: none"> I understand that my animal(s) will receive anesthesia and a medical procedure and that it presents some hazards, including but not limited to post operative infections, respiratory issues and/or death. I understand and accept these risks.
	Cardiopulmonary Resuscitation (CPR) <ul style="list-style-type: none"> In the event of an emergency requiring CPR, I give The Clinic permission to begin CPR, unless otherwise stated here within this form.
	Tattoo <ul style="list-style-type: none"> I understand that my animal(s) will receive a small tattoo on their underside to show that they have been sterilized.
	Pickup & Payment <ul style="list-style-type: none"> I understand and agree that should I fail to collect my animal(s) prior to closure on the date of surgery, that I will incur a boarding penalty of \$30 per night. I agree to pay fees for requested services at the time of service, including associated fees for additional services carried out, such as umbilical hernia repair, cryptorchid castration, in-heat, pregnancy or pyometra medical procedures and/or additional medications required.
	Post Operative Care <ul style="list-style-type: none"> I agree to follow all post-surgical care instructions, or any other instructions received by me or my representative from The Clinic. I understand and agree that I will contact a full-service veterinary clinic, should my animal(s) develop complications following this medical procedure and that I am responsible for associated fees incurred. I understand that it is my responsibility to ensure all post-operative care instructions are received and carried out and to monitor my animal(s) recovery and general health. I understand that it is highly recommended that my animal(s) wear an Elizabethan collar or body suit and that I understand the risks and accept responsibility for not obtaining or utilizing an Elizabethan collar.
General Release <ul style="list-style-type: none"> I agree to waive any and all claims for damages against The Clinic*, its officers, agents, or employees and the SPCA of Polk County in the event of illness, injury or death of my animal(s) arising from the hospitalization and/or surgical procedures. 	

AUTHORIZATION	<p>By signing, I, the owner/the authorized agent have the authority to execute this consent and waiver, and acknowledge that I have read, understood and agree to all the terms listed above, and confirm that all the information given on this form is correct to the best of my knowledge.</p>
	<div style="display: flex; justify-content: space-between;"> <div> <p>_____ Owner/Authorizer Signature</p> </div> <div> <p>_____ Date</p> </div> </div>

*The Clinic is a DBA of the Society for the Prevention of Cruelty to Animals of Polk County, TX, INC.

- ⁱ **Weight** – Dogs over 50lbs in weight will incur an additional weight fee
- ⁱⁱ **Rabies Status** – A current Rabies vaccination is required, certificate **MUST** be presented, if none present a Rabies vaccine will be administered for an additional fee
- ⁱⁱⁱ **Cone Status** – We highly recommend an e-collar be worn by your pet for up to 2 weeks post-surgery
- ^{iv} **Microchip Status** – We offer a free microchip at the time of surgery, registration is not included but services are free to perform
- ^v **CPR Status** – We require permission to perform CPR on your pet in the event of an emergency