

SPAY/NEUTER SURGERY CONSENT & WAIVER



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|--------------|----------------------------|-------------------------|------------|
| OWNER | Date | Owner/Organization Name | Cell Phone |
| | Address (Complete in full) | | Email |

| | | | | | | | | |
|--|--|-------------------------|-----|-----|------------------|--------------------------|--------------------------|--------------------------|
| PET INFO | Pet Name | Species | Sex | Age | Weight | SPCA No. (office) | | |
| | Breed | Primary/Secondary Color | | | Microchip Number | | | |
| | | | | | | | Yes | No |
| | Does your pet have any current medical conditions (including coughing, sneezing, vomiting or diarrhea)? If yes, please describe: | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Is your pet taking any daily medications? If yes, please describe: | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| IF WE ARE UNABLE to perform a pre-surgical exam on your pet due to behavior, may we proceed with surgery? | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |

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| SERVICES | Included Services <i>Sterilization includes the spay/neuter of your pet with a pain-relieving injection and 3 days of antibiotics.</i> | Add Additional Dog Wellness Services | Add Additional Cat Wellness Services |
| | Add Additional Surgical Services | <input type="checkbox"/> Canine Distemper/Parvo Vaccine \$20 <input type="checkbox"/> Bordetella (kennel cough) Vaccine \$20 <input type="checkbox"/> Rabies Vaccine (1 Year) \$15 <input type="checkbox"/> Rabies Vaccine (3 Year) \$18 <input type="checkbox"/> Microchip (Incl. Registration) \$25 <input type="checkbox"/> Heartworm Test \$25 <input type="checkbox"/> Fecal Float Test \$15 <input type="checkbox"/> E Collar \$10 <input type="checkbox"/> Heartworm Prevention Varies <input type="checkbox"/> Flea & Tick Prevention Varies <input type="checkbox"/> Nail Trim \$12 <input type="checkbox"/> Express Anal Glands \$15 <input type="checkbox"/> Skin Scrape \$15 <input type="checkbox"/> Ear Mite Treatment Varies <input type="checkbox"/> Dewormer \$8 | <input type="checkbox"/> Feline Distemper Vaccine \$20 <input type="checkbox"/> Rabies Vaccine (1 Year) \$15 <input type="checkbox"/> Rabies Vaccine (3 Year) \$18 <input type="checkbox"/> Microchip (Incl. Registration) \$25 <input type="checkbox"/> Fecal Float Test \$15 <input type="checkbox"/> FelV/FIV Test \$30 <input type="checkbox"/> E Collar \$10 <input type="checkbox"/> Flea & Tick Prevention Varies <input type="checkbox"/> Skin Scrape \$15 <input type="checkbox"/> Ear Mite Treatment Varies <input type="checkbox"/> Dewormer \$8 |
| | <input type="checkbox"/> Umbilical Hernia Repair \$25 <input type="checkbox"/> Cryptorchid \$30 ea. <input type="checkbox"/> Dew Claw Removal \$10 ea. <input type="checkbox"/> Pyometra \$45 <input type="checkbox"/> In-Heat (Canine) \$30 <input type="checkbox"/> In-Heat (Feline) \$15 <input type="checkbox"/> Deciduous Tooth \$10 ea. | <input type="checkbox"/> Rabies Certificate (Office) | |

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| TERMS | Please carefully read, and ensure you understand the following: | Initial |
| | <ul style="list-style-type: none"> I understand that the operation I have elected presents some hazards, and that injury to and post-operative infection in, or death of, my animal may conceivably result, for there is some inherent risk in the procedure and in the use of anesthetics and drugs provided for the procedure, as well as any vaccines used. I understand that general anesthesia will be administered to my animal for surgery. I understand and accept these risks to my animal. | <input type="checkbox"/> |
| | <ul style="list-style-type: none"> I agree to pay the extra costs associated with umbilical hernia repair or cryptorchid castration if my animal is found to have these conditions. If live fleas are visualized, a dose of Capstar (nitenpyram) will be administered to my animal to kill live adult fleas present on my animal for the safety of other pets in the care of The Clinic. This will incur an additional \$5 fee, which I agree to pay in full at the time of pick up. | <input type="checkbox"/> |
| | <ul style="list-style-type: none"> I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of, or connected with, the performance of this operation due to such failure. I understand, in particular, that if my animal develops kennel cough or other upper respiratory infections after surgery, I am responsible for treatment at my own cost. | <input type="checkbox"/> |
| | <ul style="list-style-type: none"> I understand my animal will receive a small tattoo on his/her underside to show that he/she has been sterilized. | <input type="checkbox"/> |
| | <ul style="list-style-type: none"> I acknowledge that I have received the Post-Surgical Home Care Instructions and will provide proper post-surgery monitoring and care for my animal including, but not limited to, the Instructions. | <input type="checkbox"/> |
| | <ul style="list-style-type: none"> In the event of an emergency requiring CPR, I give The Clinic permission to begin CPR unless I have checked the box immediately below this (CPR does not incur additional charges). | <input type="checkbox"/> |
| <input type="checkbox"/> DO NOT RESUSCITATE -I acknowledge that by checking this box, in the event of an emergency, my pet is unlikely to survive | | <input type="checkbox"/> |

I have been shown the incision and gums of my pet and/or assessed my pet at discharge. I have discussed my pet's surgery and post-operative care and am satisfied with the conclusion (initial at discharge only).

SPAY/NEUTER SURGERY CONSENT & WAIVER



I am over the age of 18 and the lawful owner (or the owner's authorized representative) of the animal described on the front of this form. I am delivering this animal to The Clinic by the SPCA of Polk County for certain medical treatment as follows:

SPAY/NEUTER SURGERY AND/OR VACCINATIONS

I agree to be bound by the following terms and conditions:

- 1. Authorization for Procedure.** To the best of my knowledge, my animal is in good health and is able to undergo the medical procedure. I hereby authorize The Clinic to receive, treat, prescribe, transport, care for and house my animal and to perform such anesthetic, medical, surgical and therapeutic procedures as indicated above.
- 2. Acknowledgement of Risks.** I understand that, as with any instance in which my animal is outside the home, my animal may be exposed to other animals that have not been appropriately vaccinated or that have been exposed to contagions and illnesses. I also understand that local and/or general anesthesia will be administered to my animal and a medical procedure will be performed on my animal; this involves uncertainty and risks to my animal. I understand and acknowledge this information and I assume all risks associated with the anesthesia and medical procedure, including any adverse effects, illness, or death of my animal. If my animal is receiving a spay/neuter procedure, I understand that the animal may receive a small tattoo on his/her underside to show that he/she has been sterilized. I understand that a brief pre-surgical exam (or visual exam of fractious animals) will be performed, and I also understand that the attending veterinarian performing the medical procedure has the right to decline to perform any procedure on any animal for any reason. I understand the animal will not receive pre-op bloodwork or IV catheterization/fluids. If I choose for the animal to have such bloodwork done, I understand it must be performed at a full-service veterinary clinic. If, during treatment or during the procedure, the animal is found to be pregnant, the pregnancy will automatically be terminated. If any other condition is discovered that requires medical attention or an additional procedure(s), we will call the owner or authorized representative at the phone listed on this form. If we are unable to reach the owner or authorized representative in a timely manner, the attending veterinarian may in his/her absolute and sole discretion, perform such procedure(s) without seeking additional authorization or consent from the owner or authorized representative. I consent to any such additional procedure(s) and agree to take full responsibility, financial and otherwise, if my animal becomes ill.
- 3. Post-Procedure.** I agree to contact my own veterinarian with any questions that arise following the medical procedure about my animal's health related or unrelated to the medical procedure. I agree to follow the Post-Surgical Home Care Instructions, or any other instructions received by me from The Clinic. If I suspect that my animal has a postoperative complication caused directly by the procedure, it is my responsibility to seek veterinary care in an appropriate and timely fashion and will bear financial responsibility for any expenses incurred.
- 4. Animal Pickup.** I understand that all animals shall be picked up from the clinic by me, or by someone authorized on my behalf, at the time designated by the clinic staff, on the same day as procedures or vaccinations are performed, unless otherwise arranged in advance. If my animal is not picked up at the designated time on that day, I understand that I am incurring an unplanned boarding penalty of \$30 per night for cats and dogs. Should my animal remain unclaimed for 10 or more days, it may be considered abandoned by me and sole custody will be relinquished to the SPCA of Polk County. If the animal is returned to me, I agree to pay any and all fees and related costs, including, without limitation, any costs to medicate or otherwise provide for the animal.
- 5. General Release and Waiver.** I understand that The Clinic will rely on my representations made in this agreement. I know that this is a legal document and I promise that to the best of my knowledge everything that I have said is true. No one has forced me to sign this document. I am willing to sign this waiver and release agreement because The Clinic will provide the spay or neuter, vaccination, and/or other medical services as I requested. I am consenting to the medical procedures being performed on my animal and all related activities of any kind and acknowledge that I understand that all risk, whether known or unknown, is expressly assumed by me and all claims, whether known or unknown, are expressly waived in advance. On behalf of myself, my heirs, personal representatives and assignees, I hereby release, discharge, indemnify and hold harmless, The Clinic, a DBA of The SPCA of Polk County, TX, inc. & The SPCA of Polk County and its directors, officers, employees, volunteers and agents from any claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with the medical procedure performed on the animals and all related activities of any kind including without limitation other treatment and care given to the animals or the housing of the animals. By signing this Waiver and Release Agreement, I am consenting to the medical procedures being performed on my animal and all related activities of any kind and acknowledge that I understand that all risk, whether known or unknown, is expressly assumed by me and all claims, whether known or unknown, are expressly waived in advance.

I also understand and agree to permit The Clinic and/or The SPCA of Polk County to use my name and pictures of me and/or my animal for publicity or promotional purposes without liability or obligation to me.

By signing, I acknowledge that I have read, understood and agree to all the terms listed above and on the reverse side of this form, and confirm that all the information given on this form is correct.

CONSENT

Owner Signature

Date