

CONSENT FOR SURGICAL STERILIZATION

I, being of legal age and responsible for the animal (patient) described on this form, have the authority to grant the Low Cost Spay Neuter Clinic, and its staff members, volunteers or agents of my consent to receive, transport, prescribe for, treat and/or perform sterilization surgery upon the animal (patient) named on this form.

I understand that modern techniques and trained staff will be used to care for all animals, and reasonable precautions will be used against injury, escape or destruction of the animal. It is thoroughly understood that the Low Cost Spay Neuter Clinic, its staff, volunteers and agents will not be held liable or responsible in any manner and I assume all risks.

If in the course of treatment a condition is discovered which requires medical attention or an additional procedure, such as hernia repair, or the administration of IV fluids, the attending veterinarian may, in her absolute discretion, perform such procedure. This may include an additional charge for a more expensive type of injectable anesthesia if we cannot safely handle your animal. I consent to these procedures and agree to pay reasonable additional charges, if any.

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy).

I understand the Low Cost Spay Neuter Clinic will not be held responsible for any contraction of contagious diseases for which the animal was not previously fully and properly vaccinated.

I understand the risks involved in administration of general anesthesia to any animal, known history or not, is inherent in the sterilization procedure. I realize that the professional staff of the Low Cost Spay Neuter Clinic will use every possible precaution to prevent anesthetic complications from occurring.

I also understand that all animals must be picked up from the clinic at the time designated by the clinic staff on the same day as surgery. If I do not claim the animal, I understand that after 24 hours the animal will be considered abandoned and the animal will be taken to the shelter in accordance with policies established by the Low Cost Spay Neuter Clinic. I understand that once any animal has been abandoned, I relinquish all ownership rights and I will be held responsible for any and all medical costs including boarding expenses.

I understand that cats will only be released with a secure carrier. It is my responsibility to provide a proper container for my cat or to purchase one from the Low Cost Spay Neuter Clinic. No cats will be released without a proper form of restraint.

I understand that all male dogs are required to go home with an Elizabethan collar unless one of the appropriate size has been provided and deemed acceptable by the veterinarian.

Finally, by signing this document, I both understand that I am responsible for and agree to adhere to all Post Operative Care instructions as directed by the Low Cost Spay Neuter Clinic. I understand that the Low Cost Spay Neuter Clinic is not responsible for care or treatment provided after surgery, which is resulted from failure to abide by the post surgical guidelines and instructions.

ALL COUPONS AND VOUCHERS MUST BE PRESENTED UPON CHECK IN

By initialing, I understand that regardless of circumstances, if I choose to take my pet to another facility, the Low Cost Spay Neuter Clinic is not financially responsible for care or treatment provided after surgery at another facility. _____ Initial

Patient Name

Signature

Date