

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 veterinarians and staff members or volunteers of my consent to receive, transport, prescribe for, treat and/or perform irreversible sterilization surgery upon the animal (patient) named on this form.

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

There is risk in the procedure and in the anesthetic drugs used in the procedure. I understand that some factors significantly increase surgical risk, including but not limited to; pregnancy, pyometra, overweight, advanced age, clotting factor deficits and cardiovascular diseases.

I understand that Low Cost Spay Neuter Clinic may not be able to perform a complete physical examination before surgery if my pet is feral or not friendly enough to be restrained and could possibly cause injury to my pet or the staff. This may include an additional charge for a more expensive type of injectable anesthesia if we cannot safely handle your animal. Regardless of the physical examination prior to surgery, 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 their absolute discretion, perform such procedure. I consent to these procedures and agree to pay reasonable additional charges, if any.

Per clinic policy it is required for all patients eight years and older to have **pre-operative bloodwork** done prior to undergoing any anesthesia. It is recommended to have pre-operative bloodwork done at five to seven years of age, but not required. I agree that I have been offered pre-operative bloodwork to be done at Low Cost Spay Neuter Clinic or at my full service veterinarian's office prior to undergoing anesthesia.

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

I certify that my pet has been vaccinated within one year prior to this date and I understand that if my pet is not vaccinated, he/she is at risk of contracting infection or contagious disease after surgery, I am responsible for treatment at my own cost. If my pet receives any vaccinations at the time of surgery, I understand that it takes up to two weeks for vaccinations to protect my animal. **I understand the Low Cost Spay Neuter Clinic will not be held responsible for any contraction of contagious diseases at the clinic.**

I certify that to my knowledge my animal is in good health and has had no food since midnight the evening prior to surgery.

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 or clinic staff.

I hereby release the Low Cost Spay Neuter Clinic, all veterinarians, staff members and volunteers from any claims arising out of any adverse reactions including but not limited to; vaccinations administered, reaction to anesthesia or suture material or not properly following the post operative instructions. I agree that I will not claim any right of compensation or file action against Low Cost Spay Neuter clinic their veterinarians, staff or volunteers regarding any animal or any consequences related to damages caused by any unforeseeable events out of our control.

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