

SPAY/NEUTER SURGERY CONSENT & WAIVER



Date

For Office Only (Check-In)

Animal ID No. (System Generated)	Weight (lbs)	Temperature	Rabies Status (1REQ, 3REQ, OK)	CPR Status (CPR, DNR)
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OWNER	Owner/Authorized Agent Name	Cell Phone (Required)
	Address (Complete in full)	Email

PET INFO	Pet Name	Species	Sex	Age	
	Breed	Primary/Secondary Color	Microchip Number		
	Does your pet have any current medical conditions or taking medications (including coughing, sneezing, vomiting or diarrhea)? If yes, please describe:				Yes <input type="checkbox"/>

For Office Only (Pre-Surgical & Surgical)

Additional Wellness		Physical Exam			
<input type="checkbox"/> DHPP/FVRCP	<input type="checkbox"/> Microchip	Heart Rate	Resp. Rate	MM Color	Hydration
<input type="checkbox"/> DHPP+Lepto	<input type="checkbox"/> Heartworm Test	Attitude	Pain	Eyes	Ears
<input type="checkbox"/> Bordetella	<input type="checkbox"/> Fecal Float Test	Lymph Nodes	Nose/Mouth/Dental	Cardiovascular	Musculoskeletal
<input type="checkbox"/> Rabies 1 Year	<input type="checkbox"/> Nail Trim	Urogenital	Abdomen	Neurological	Integument
<input type="checkbox"/> Rabies 3 Year	<input type="checkbox"/> Ear Cleaning	Assessment/Diagnosis			
E-Collar Status	<input type="checkbox"/> Skin Scrape				
<input type="checkbox"/> Declined	<input type="checkbox"/> Express Glands				
<input type="checkbox"/> Required (\$10)					

Additional Surgical		Surgery			
<input type="checkbox"/> Umbilical Hernia	<input type="checkbox"/> Other:	Status	Start Time	End Time	Time Extubated
<input type="checkbox"/> Cryptorchid		Mask/ET Tube	ET Tube Size	Suture Size	Suture Type
<input type="checkbox"/> Dew Claw		Ligation	Incision Closure	Glue	Tattoo
<input type="checkbox"/> Pyometra		Castration Type	Ovarian Ligation		
<input type="checkbox"/> In-Heat					
<input type="checkbox"/> Pregnant					
<input type="checkbox"/> Deciduous Tooth					

Medications		
Pain	Antibiotics	Other

Notes	Vet Discharged	Checkout Time
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CONSENT & WAIVER TERMS

Please carefully read, and ensure you understand the following:

Initial

Pre-Operative Requirements

- I acknowledge that I have followed all pre-operative requirements, in order for my animal(s) to receive sterilization surgery with The Clinic*.

Vaccinations

- I acknowledge that it is recommended that all animals admitted to The Clinic be vaccinated and that, in the event my animal(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

- 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

- I understand that my animal(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

- 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)

- In the event of an emergency requiring CPR, I give The Clinic permission to begin CPR, unless otherwise stated here within this form.

Tattoo

- I understand that my animal(s) will receive a small tattoo on their underside to show that they have been sterilized.

Pickup & Payment

- 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

- 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 or body suit.

General Release

- 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

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.

Owner/Authorizer Signature

Date

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