

Spay/Neuter Authorization Form

FEES WILL BE COLLECTED PRIOR TO RELEASE OF ANIMALS. I also understand that all animals must be picked up from the clinic at the time designated by 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 relinquished to the Humane Society of Livingston County. 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.

Owner Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Home Phone: _____ - _____ - _____

BEST NUMBER TO REACH YOU AT TODAY: _____

Animal Name: _____ Species: _____ Breed: _____

Sex: Male / Female Color: _____ Age: _____

All animals seen at our clinic MUST be up to date on Rabies and Distemper vaccinations. Please bring proof of animal being up to date and if they aren't, we can administer the vaccine(s) at the time of the appointment for an additional \$10 per shot.

SPAY & NEUTER CLINIC

Request and Consent for Surgery:

I do hereby certify that I am the owner/agent of this animal and have the authority to grant consent for any anesthesia, surgery, procedures, treatments, and /or administration of extra label medications within accepted veterinarian guidelines as deemed advisable or necessary for my pet.

I understand there are medical risks associated with the Procedure, including but not limited to infection, hemorrhage, allergic reaction, anesthetic drug reaction, anesthesia-induced cardiac compromise, and death. I understand that HSLC staff will perform a physical exam but NOT perform a comprehensive cardiac exam, other diagnostic tests, or blood-work prior to the Procedure. I understand that there are increased risks due to the fact that HSLC will NOT perform extensive pre-operative diagnostic evaluations. I further understand that there are additional risks if my pet is not current on recommended vaccines and receives those vaccines at time of surgery.

I will hold harmless HSLC, its officers, directors, veterinarians, technicians, volunteers, and agents for any problems experienced by the animal as a result of the Procedure or the above risk factors. I further agree to hold harmless the animal shelter or human society that scheduled the Procedure.

If in the course of treatment, a condition is discovered that requires medical attention or an additional procedure, such as hernia repair or the administration of IV fluids, the attending veterinarian may, in his/her absolute discretion, perform such procedure. I consent to these procedures and agree to pay reasonable additional charges if any.

I acknowledge and understand that in the event of a pregnancy in my pet, HSLC staff will continue with the spay.

As proof of the spay/neuter, during your pet's procedure HSLC will give your animal a small tattoo of a black star on their belly. If your animal is ever in question of being spayed or neutered, this is a universal sign that the procedure has already been done.

I agree that I will be available by phone today. If a situation arises and I cannot be reached at the phone number below, I authorize the veterinarian to use his/her discretion and clinical judgment as to how to proceed. I understand that the HSLC staff and the shelter staff will not leave a message, and that I have to be available by phone during the day of the procedure. I agree that I will be financially responsible for any post-operative medical treatment relating to this Procedure or any other unrelated medical problems of my animal.

Signature of Client or Animal Agent

Date

Print Name