



# Owned Animal Surgical Consent Form

Owner's Name: \_\_\_\_\_

Animal's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Color: \_\_\_\_\_ Short / Med / Long Hair

Phone: \_\_\_\_\_

**ADDITIONAL SERVICES REQUESTED:** \_\_\_\_\_ FelV/FIV combo test (\$25) \_\_\_\_\_ Microchip (\$20)  
\_\_\_\_\_ Dewormer (\$15) \_\_\_\_\_ Nail Trim (\$10) \_\_\_\_\_ Feline Leukemia Vaccine (\$20) – must have negative FelV test

By signing below, you testify that you have **read, understand, and agree** to all of the following:

- As acting owner or agent of the listed pet, I hereby request and authorize Spay It Forward and Fix'N Wag'N Inc., through whomever veterinarian they designate, **to perform sexual sterilization of the listed pet.**
- Any surgery presents risks of injury or death from the procedure, anesthetics, or drugs used. Some factors significantly increase this surgical risk. This includes, but is not limited to: pregnancy, heart murmur, females in heat, and animals that suffer from FIV, FeLV, or heartworm.
- My pet is in good health and was fasted according to instructions. I understand that only a brief physical exam is done before surgery. **Spay It Forward and Fix'N Wag'N, Inc. reserves the right to refuse service to any animal if deemed a health risk.**
- My pet is current on vaccinations OR will receive vaccinations today. Vaccinations take up to two weeks to fully protect an animal. Failure to maintain current vaccinations can result in illness. By law, **all animals must show proof of a current rabies vaccination or receive one during surgery.**
- I understand that no laboratory bloodwork is done before surgery. If my pet is over the age of 7, I have been advised that pre- operative bloodwork is recommended.
- All pets receive a small green tattoo next to their incision identifying them as spayed/neutered.
- **I am responsible to pay for any additional services the veterinarian deems necessary. Any pregnancy will be terminated during surgery.**
- My pet must be picked up from the clinic when instructed. Failure to do so will result in additional charges.
- I release Spay It Forward and Fix'N Wag'N Inc. (including all veterinarians, assistants, employees, and volunteers) from any and all claims arising from the performance of this procedure and requested services or personal failure to follow instructions from the Spay It Forward and Fix'n Wag'N Inc. staff.
- Spay It Forward and Fix'N Wag'N Inc. (including all veterinarians, assistants, employees, and volunteers) and partner organizations will not be held responsible for the loss of any pet due to a faulty or broken carrier.

### IN THE EVENT OF AN EMERGENCY *please check one*

All animals in the event of an emergency will receive life-saving procedures from the Spay It Forward and Fix'N Wag'N staff.

\_\_\_\_\_ I give permission for the Spay It Forward and Fix'N Wag'N veterinary team to **transport my animal to a local emergency veterinary facility for further treatment** if they deem it necessary. **I agree to pay for such services in the event of an emergency.**

\_\_\_\_\_ I **do not** wish for the Spay It Forward and Fix'N Wag'N veterinary team to transport my animal to a local emergency veterinary facility and wish to be called in such an event. I understand that time is of the essence in these situations and **this may mean the loss of life for my pet.**

### E-COLLAR CONSENT *please check one*

\_\_\_\_\_ I agree to pay for an e-collar/cone (\$10) for my pet to wear while they are recovering from surgery.

\_\_\_\_\_ I already own an e-collar/cone and have brought it for the veterinary team to place on my animal while recovering from surgery.

\_\_\_\_\_ I decline purchasing an e-collar/cone for my pet or have not brought one with me and understand that I am financially responsible for any post-operative, incision-related complications

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date