Spay Neuter Initiative of the Piedmont

209 S. Dekalb Street Shelby, NC 28150

SURGICAL CONSENT FORM

OWNER		
	Owner «Ownername» «VolumeClientName» «OwnerAddressLine1» «OwnerAddressLine2» «OwnerAddressCity», «OwnerAddressState» «OwnerAddressZip» Cell: «OwnerPhoneCell» Home: «OwnerPhoneHome» «OwnerEmail»	**Date of Surgery** «AppointmentDate»

ANIMAL		
	Name **«AnimalName»**	**Description** «AnimalSpecies» / «AnimalSex» /«AnimalBreed» /«AnimalAgeYear» yr, «AnimalAgeMonths» mo/ «AnimalPrimaryColor»/«AnimalSecondaryColor» **Notes:** «AnimalNotes» «AnimalShortNotes»

Health Questions ****THIS SECTION REQUIRED****	Yes	No
Does the Animal have any current medical/health conditions including coughing, sneezing, vomiting, diarrhea, unusually tired, vaccine reactions any other allergies? If yes, please explain:	☐	☐
Has the Animal been to a veterinarian within the last 30 days or had any previous surgeries? If so, please explain:	☐	☐
Is the Animal on any medications, or had any injections, in the last 30 days including insulin, thyroid or steroids?	☐	☐
☐ I have proof of prior rabies vaccine (please bring it with you)		

SERVICES		
Requested Services	**Add Any Additional Services**	
«TableStart:Services» **«ItemName»** **«TableEnd:Services»**	☐ Rabies 1 Year Vaccine ☐ Rabies 3 Year Vaccine (prior proof of rabies required) ☐ Bordetella Vaccine (“kennel cough”)	☐ Nail trim ☐ DA2PP Vaccine (Dogs: Distemper/Parvo) ☐ FVRCP Vaccine (Cats: Rhinotracheitis, calicivirus and panleukopenia) ☐ Microchip – 24PetWatch (registration included)

TERMS OF AGREEMENT

Clinic Name” uses qualified individuals & approved medical grade materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present, just as it is for humans who undergo surgery.

Please carefully read, & ensure you understand, all of the information on this agreement before signing your name:

I, being lawfully authorized to make decisions on behalf of the animal named/described above (the “Animal”), hereby request & authorize “CLINIC NAME”, including its affiliates (including the ASPCA®) & each of their employees, volunteers, veterinarians &/or other agents (collectively, ““CLINIC NAME” Parties”), as appropriate & in accordance with applicable law, to receive, transport, prescribe for, treat &/or administer rabies vaccinations, if deemed necessary and even if not requested, & any other vaccinations &/or services I have selected below, &/or perform an operation for sexual sterilization of the Animal.

I understand that it takes up to two (2) weeks for vaccinations to best protect the Animal. By initialing here, I certify that the Animal has been vaccinated within one (1) year prior to this date; or waive my right to protect the Animal by having it vaccinated at least two weeks prior to surgery; or request recommended vaccinations at the time of surgery, as selected above with the knowledge that the Animal will still not be protected. I certify that the Animal has not bitten anyone in the last ten (10) days.

I understand the inherent risks of failing to maintain current vaccinations and that no vaccination is always 100% protective, & waive all claims arising out of, or connected with, any illnesses contracted post-surgery, including, but not limited to kennel cough or other upper respiratory infections. I am responsible for treatment at my own cost.

I understand that the operation I have elected presents some hazards, & that injury to, post-operative infection in, or death of, the Animal may conceivably result, for there is some inherent risk in the procedure & in the use of anesthetics & drugs provided for the procedure, as well as in any vaccines used. I understand that general anesthesia will be administered to the Animal for surgery. I understand & accept these risks to the Animal.

I understand that “CLINIC NAME” &/or any “CLINIC NAME” Party has the right to refuse any service &/or procedure to any animal for any reason, including, but not limited to, situations where surgery is deemed a health risk. Such refusal is at the sole discretion of the attending veterinarian.

I understand that a pre-surgery exam will be performed on the Animal when possible, but that there are times, in the attending veterinarian’s sole discretion, when such an exam may only be performed after the Animal has already been sedated or anesthetized. I understand that the Animal will not receive pre-operative bloodwork at “CLINIC NAME”. If I choose for the Animal to have such bloodwork, I understand that it must be performed at a full-service veterinary clinic.

I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, & diseases such as feline immunodeficiency virus (“FIV”), feline leukemia virus (“FeLV”), & heartworms.

I understand that if the Animal is an acceptable surgical &/or vaccination candidate, sterilization procedures &/or vaccinations will be performed regardless of the Animal’s gender &/or medical condition, including but not limited to, pregnancy. I understand if the Animal is pregnant, the pregnancy will be terminated at surgery.

If an unforeseen event/emergency situation occurs or a medical condition is discovered that requires urgent medical treatment, I consent that the attending veterinarian may perform such treatment or transport the Animal to another veterinarian for the provision of such treatment at my expense, without seeking additional authorization or consent from me. I understand that my further consent will be required for non-emergency treatment EXCEPT in cases where the Animal has an open umbilical hernia, which may be repaired at the time of surgery at an additional charge of $15 without my further consent.

I will provide recovery space that is clean, indoors, warm, & dry. I will provide proper post-surgery monitoring & care for the Animal, including but not limited to, the care described in the Post-Operative Instructions. I agree to abide by the “DOCUMENT,” a copy of which is available upon my request. If I suspect the Animal has any post-operative complications, I agree to follow the Post-Operative Instructions that will be provided to me.

I understand that if the Animal is infested with fleas, “CLINIC NAME” may, in its sole discretion, administer a flea product (including but not limited to Capstar®, which effects of treatment last 24 hours), to the Animal. I agree to pay the $4 cost for this treatment when the Animal is picked up from “CLINIC NAME”.

I understand that I, or someone authorized by me, must pick up the Animal from the location designated by the medical staff, & at the time designated by the medical staff on the day of the surgery &/or vaccination. I understand that, if I do not retrieve the Animal at the designated time, the Animal may be considered by “CLINIC NAME” to be abandoned by me upon expiration of the statutory hold period. In that event, I understand that, upon expiration of the statutory hold period, “CLINIC NAME” shall have discretion to deal with the Animal as it deems appropriate, including, but not limited to, exercising its right to either turn the Animal over to Buncombe County Animal Control (“Animal Control”) or dispose of the Animal as deemed just & proper, & as allowed by the State of North Carolina under GS 90-187.7(a). If I do not pick up the Animal at the designated time and place as described above, I agree to pay a boarding fee of up to $100 per night plus any related costs to medicate or provide for the Animal.

I understand & agree that the “CLINIC NAME” & “CLINIC NAME” Parties (collectively, the “Released Parties”) shall not be liable to or held responsible by me in any matter whatsoever for, or in connection with, the procedure(s) to be performed on the Animal &/or any vaccinations to be given to the Animal, & I hereby hold the Released Parties harmless from & against any & all liability & damages that may arise. I will take full responsibility, financial & otherwise, if the Animal becomes ill. I hereby agree to indemnify & hold the Released Parties harmless for any damages caused during the transportation of the Animal. The Released Parties shall not be held liable for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.

I agree that “CLINIC NAME” & “CLINIC NAME” Parties may take, or permit others to take, photographs or video of me &/or my animal, while at “CLINIC NAME” & that “CLINIC NAME” & “CLINIC NAME” Parties may use or authorize the use of the photographs or video of me &/or my animal in any way it deems appropriate to support the clinic’s mission, including fundraising purposes.

I HEREBY WARRANT THAT I (A) AM AT LEAST EIGHTEEN (18) YEARS OF AGE & THE AGE OF MAJORITY IN THE STATE IN WHICH I RESIDE, (B) HAVE READ THIS AGREEMENT CAREFULLY PRIOR TO ITS EXECUTION, (C) FULLY UNDERSTAND THE CONTENTS OF THIS AGREEMENT, (D) REALIZE THIS AGREEMENT IS AN ENFORCEABLE LEGAL DOCUMENT BETWEEN MYSELF & “CLINIC NAME”, & (E) VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL.

THE ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, & AGREE TO THE TERMS IN THIS AGREEMENT.

SIGNATURE OF OWNER OR AUTHORIZED AGENT:

DATE: