

# Surgery Consent and Release



Please Initial:

\_\_\_\_\_ I am the guardian (or duly authorized agent for the owner) of this animal and have the authority to execute this consent.

\_\_\_\_\_ To my knowledge, this animal is in good health. Any medical history has been noted on opposite page.

\_\_\_\_\_ I authorize the veterinarian and staff of Homeward Pet Adoption Center to perform surgical sterilization of my animal(s) noted on opposite page. I understand the nature and purpose of the operation.

\_\_\_\_\_ I understand that there are risks associated with anesthesia and surgical procedures and that the risks involved can vary greatly depending on the individual animal, his/her general health, age, etc. I agree to hold harmless and indemnify HOMEWARD PET, its officers and employees from any loss, injury, or damage arising out of, or in connection with services requested by me herein. I understand that there is a greater risk of complications if my animal is over 6 years of age, pregnant, in heat, cryptorchid or suffering from a pyometra.

\_\_\_\_\_ I understand that as long as, in the opinion of the attending veterinarian, my animal is an acceptable surgical candidate, sterilization surgery will be performed including the termination of any pregnancy, regardless of pregnancy status.

\_\_\_\_\_ I understand my animal will receive a one-time, short acting flea treatment upon arrival.

\_\_\_\_\_ If I chose to have my animal vaccinated today, I am aware of the potential risks and benefits of vaccinations. I understand that HOMEWARD PET and its veterinarian(s) make no warranty, either expressed or implied, as to the safety or efficacy of the vaccine being used.

\_\_\_\_\_ I assume full responsibility for any risks and costs incurred while my animal is in the care of HOMEWARD PET as well as for any complications that may arise from the procedure and/or the anesthesia thereafter. I understand that I am responsible for any costs incurred for the treatment of my animal once it has been released from the HOMEWARD PET Spay/Neuter Clinic.

\_\_\_\_\_ I understand that extra charges will be applied if my animal is pregnant, cryptorchid or has a pyometra.

\_\_\_\_\_ I understand that failure to pick up my animal(s) at the assigned time today may constitute abandonment and will lead to extra charges of \$25/hr from HOMEWARD PET and possible criminal charges to myself.

My animal last ate:      Date: \_\_\_\_\_      Time: \_\_\_\_\_

**CAT OWNERS ONLY:** I have the option to purchase oral pain medication for my cat for 2 days following surgery. This medication is being used off-label (it has only been approved for dogs) but has been widely used in cats in the past. The FDA has warned: *Repeated use of this medication in cats has been associated with acute renal failure and death.* I am not being required to purchase this medication and understand that my cat will still receive pain management during and after the surgery process.

\_\_\_\_\_ I authorize HPAC to provide my cat with oral Metacam and understand the risks.

Guardian Name Printed: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HOMEWARD PET Staff Witness: \_\_\_\_\_