

Surgery Consent Form

Owner's Name _____ Pet's Name _____
Address _____ City _____ Zip Code _____
Email Address _____
Breed _____ Color _____ Age _____ Sex _____

I understand there is always a risk associated with any anesthesia episode, even in apparently healthy animals. I assume all risks with this procedure and related post-operative and follow-up care. I will not hold Operation SOS or it's employees responsible under any circumstances for any injury, escape, or death of my animal. I understand my pet must be picked up by me or my agent **NO LATER THAN 4PM TODAY.**

I agree, failure to pick up my pet will be considered abandonment and will result in impoundment at the nearest Animal Control facility. I will be responsible for impoundment, board and other related fees or citations. _____

You must agree, by initialing, you understand our services are low-cost, partially due to services that are NOT provided on our van but are provided at a full-service Veterinary Hospital. By initialing, you accept the additional anesthetic risk to your pet by not receiving these services.

1) We do not perform preanesthetic lab work. _____

2) We do not place IV catheters. _____

3) We do not provide follow up care. _____

Signature of Owner _____ Date _____

Name of Person that is picking up Animal _____ Phone# _____

_____ I have received Post-Surgery Care instructions and agree to read before I pick up my pet.

Surgery Consent Form Questionnaire

Has your pet eaten today? (circle one) NO YES

Has your pet been sick lately? NO YES (please explain): _____

Is your pet on any medications? _____

Is your pet on Heartworm Prevention? _____

Is your pet on Flea Control? _____

Do you have a primary care veterinarian? YES NO

If you have a female, is it possibly pregnant? Understand, a spay is an abortion if your pet is pregnant: NO YES, I accept the risk if my pet is pregnant

Please circle:

Does your pet need: 1YR RABIES LICENSE MICROCHIP

Services:(\$10 Each) DISTEMPER E-COLLAR (Cone of Shame)