

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. Failure to pick up my pet will result in impoundment at the nearest Animal Control facility. I will be responsible for impoundment, board and other related fees.

You must agree, by initial, 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# _____

Phone # in case of emergency _____

_____ 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 DOES NOT APPLY YES, I accept the risk if my pet is pregnant

Please circle:

Does your pet need: RABIES LICENSE MICROCHIP

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