

LOW COST SPAY/NEUTER and ADD-ON SERVICES

Owner's Name (last, first): _____

Address: _____

Phone: home:(_____) _____ cell: (_____) _____

Emergency contact Name (in case we cannot reach you) _____

Emergency Phone Number: (_____) _____

Pet's Name: _____ Species: _____ Age: _____ Gender: _____

Breed: _____ Color/Description: _____

Medical Agreement:

I, being of legal age and responsible for the animal described above, have the authority to grant the Humane Society of Waupaca County (HSWC) staff members, volunteers, or agents my consent to receive, transport, prescribe for, and treat and/or perform surgery upon the animal named above. I agree that I have not or will not claim any right of compensation from any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto.

I understand that the surgery presents some hazards and that injury to, or death of, such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs used in providing this service. In the course of treatment, if a life-threatening condition occurs which requires immediate medical attention and the owner cannot be contacted, the attending veterinarian may, at his/her discretion, perform life-saving procedures without the owner's verbal consent. **I consent to these procedures and agree to pay reasonable additional charges, if any.** I understand that some factors significantly increase surgical risk, including but not limited to pregnancy, being in heat, diseases such as FIV, Feline Leukemia, Heartworms, and underlying or preexisting medical conditions.

I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy or menstruation) and an additional fee will be applied. I also understand that the veterinarian can refuse to perform any procedure on any animal for any reason at any time. Such refusal is at the sole discretion of the attending veterinarian. In the event of a post-operative surgery-related complication, I understand that follow-up veterinary care must be done at a veterinary clinic of my choice and cost accrued will be my sole responsibility.

I certify that my animal is in good health and has had no food since 11:00PM the evening prior to surgery. I understand that the HSWC has the right to refuse service to any animal to whom surgery is deemed a health risk. I understand that the HSWC will not be performing a complete health examination on the animal before surgery is performed.

• My signature on this form indicates that any questions I have regarding risks or other issues associated with sterilization and other procedures have been answered to my satisfaction.

• *Please present questions and concerns to medical staff upon drop off*

Responsible Person Signature: _____ **Date:** _____

