

Surgical Consent Form

I hereby request and authorize the Veterinarians at **The Animal Foundation's Public Spay and Neuter Clinic** to perform anesthesia, surgery and any additional services I requested upon my pet. I understand that anesthesia and additional services involve minimal risk to my pet, and the staff will not be held liable or responsible for any circumstances in connection with these procedures. I understand and assume all risk.

I understand The Animal Foundation **does not provide pre-operative blood work**. I understand blood work is recommended to screen for underlying diseases and evaluate function of internal organs which can be compromised during anesthesia. I understand that may any complications arise The Animal Foundation is not responsible for any compensation towards my pets care.

If my animal is pregnant, the **pregnancy will be terminated**. If my animal is close to whelping/queening (far along in pregnancy), I am responsible for additional \$30 fee.

Pets must be picked-up by 6PM on the day of surgery. If your pet is not picked up by 6 PM there will be a \$30 boarding fee. If they are not picked-up within 72 hours they will be kept at the shelter and will become property of The Animal Foundation.

I hereby release The Animal Foundation and all of its employees from any and all claims arising out of or connected with the performance of the selected procedure(s) or any adverse reactions from medications and vaccinations.

I agree that I have not and will not claim any right of compensation from The Animal Foundation or file action by reason of such sterilization or attempted sterilization of my animal or any consequences related thereto.

Please print your name: _____

Please sign your name: _____ Date: _____

To help the thousands of homeless pets that come to The Animal Foundation each year,
I would like to make a donation of: \$5 \$10 \$25 \$50 \$100 Other amount: _____