

I, the undersigned, have read and understand this entire page and authorize Rocky Mountain Spay Neuter to anesthetize, surgically sterilize, and provide other related medical care ["henceforth known as Procedure"] to my pet. I understand that the sterilization of an animal renders them unable to produce offspring and I understand that my animal will receive a small, green tattoo near their incision site to mark that they have been sterilized. I agree to pay according to the fee schedule and estimate that was provided to me.

I understand that my animal will undergo general anesthesia with the Procedure. I understand that there are risks associated with general anesthesia and this procedure, including but not limited to: infection, hemorrhage, allergic reaction, anesthetic drug reaction, anesthesia-induced cardiac compromise, and death. We will carefully monitor your pet during the procedure and recovery to minimize complications to the best of our ability. I understand that RMSN will perform a limited physical exam but not a comprehensive exam, any other diagnostic tests, or blood-work prior to the Procedure (unless otherwise specified). I understand that it is recommended to run preoperative blood work prior to all procedures and there are increased risks due to the fact that RMSN will not perform extensive preoperative diagnostic evaluations. I further understand that there are additional risks if the pet is not current on recommended vaccines.

I will hold harmless RMSN, its officers, directors, veterinarians, technicians, volunteers, and agents for any problems or complications experienced by the animal as a result of the Procedure or the above risk factors.

I agree that in the event of a cardiac arrest, Rocky Mountain Spay Neuter will attempt to resuscitate my pet which may incur a \$50 charge for additional medications. I hereby forever release Rocky Mountain Spay Neuter, its staff and authorized representatives from any and all liability and claims for damages, including claims for death, injury or property damage, whether or not resulting from negligence or misconduct attributable to such parties, that I may have or that may subsequently accrue to me, as a result of honoring this directive, and I declare that such parties are acting in accordance with this directive.

If in the course of treatment, a condition is discovered that requires medical attention or an additional procedure, such as hernia repair or the administration of IV fluids, the attending veterinarian may, in his/her absolute discretion, perform such procedure. I consent that if my animal is found to be pregnant at the time of surgery, the sterilization procedure will move forward without notice and the uterus will be removed. I consent to these procedures and agree to pay additional charges if any.

I agree that I will be available by phone today. If a situation arises and I cannot be reached at the phone number below, I authorize the veterinarian to use his/her discretion and clinical judgment as to how to proceed. I understand that if I am called to pick up my pet for discharge and I do not arrive prior to 4:00pm, I may be subject to a late fee of up to \$50 per hour unless prior arrangements have been made. If I am not able to pick up my pet prior to 6pm, I acknowledge that my pet will be transferred to a local veterinary ER and I agree to pay any costs incurred.

I agree that I will be financially responsible for any post-operative medical treatment relating to this Procedure or any other unrelated medical problems of my animal.

I agree that I will be available at this phone number on the day of surgery: _____

I agree that my pet will not have access to food after midnight prior to surgery: ☐

Is your pet on any medications, supplements, or preventatives? Please list: _____

Are you getting your pet vaccinated during their appointment? (Yes or No)

- If yes - Has your pet ever had an adverse reaction to vaccines or are they being treated by a full service vet for any other illnesses that you are aware of?

Signature : _____

Date: _____

Vaccine Consent

Having your pet immunized is vital as it protects them from life-threatening illnesses. Pet vaccination should not be taken lightly. In some cases, pets may contract serious diseases that may have been prevented.

Most pets show no ill effect from vaccinations. Vaccine reactions may be minor and short-lived or require immediate care from a veterinarian. Clinical signs include: fever, lethargy, facial swelling and/or hives, vomiting, diarrhea, pain, swelling, redness, scabbing, or hair loss around the injection site, difficulty breathing, and seizures. Certain immune mediated diseases such as hemolytic anemia (anemia caused by red blood cell destruction), thrombocytopenia (low blood platelet numbers), and polyarthritis (joint inflammation and pain) in dogs may be triggered by the body's immune response to a vaccine.

In the case your pet is found to be ill, we may require the illness to be addressed by a primary care veterinarian prior to vaccination with Rocky Mountain Spay Neuter. I do understand that a veterinarian may not be examining my pet today and give my consent for a properly trained technician to assess my pet and administer the vaccines.

I certify that I have read the above information and I am now aware of the risks associated with failure to vaccinate my pet as well as the potential side effects associated with receiving the vaccination. I have had the opportunity to ask questions and by which I have received an answer to my satisfaction. By signing this consent form I authorize the administration of the vaccines selected. Because vaccination reactions are not predictable, I agree that the veterinarians and staff of Rocky Mountain Spay Neuter shall not be held liable for any reactions related to the administration of vaccinations to my pet.

Signature: _____ Date: _____

Photo Release

I hereby grant the Rocky Mountain Spay Neuter, LLC permission to use my pet's likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of the Rocky Mountain Spay Neuter, LLC and will not be returned. I hereby irrevocably authorize the Rocky Mountain Spay Neuter, LLC to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my pet's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW.

- ☐ Approve
- ☐ Decline

Opt in to Messaging Services

By selecting "Approve", you consent to receive email and/or SMS text messages from Rocky Mountain Spay + Neuter. Message rates vary. Not all carriers are covered. Standard messaging rates apply. You may update your preferences and cancel your consent at any time by notifying us or replying Cancel/Stop to any of our messages.

- ☐ Approve
- ☐ Decline