



High Quality, Affordable Spay, Neuter & Dental Services

STERILIZATION AUTHORIZATION AND RELEASE FORM

_____ I understand that the surgery involves the use of anesthetics and drugs, and that injury to or death of such animal(s) may conceivably result from the surgery and accompanying procedures. I understand the risks involved with the surgery and agree that the attending veterinarian and his/her staff will not be held liable for responsible in any manner for any complications that may arise during the surgery or result from the surgery. If the animal dies as a result of the surgery, I further authorize the attending veterinarian to dispose of the remains in accordance with the requirement of law and policy of this clinic. PetVet Relief, PLLC (PV) Policy is to contact the owner.

_____ I understand and acknowledge that the following conditions may increase the likelihood of complications or death after surgery and I hereby assume full responsibility (financially and otherwise) for the consequences arising there from. ****Dogs in Heat, **animals suffering from worms, leukemia, or other diseases or injury, **surgery performed during advances stages of pregnancy, **surgery performed on an animal that is advanced in age.**

_____ I understand that the attending veterinarian has the right to refuse to perform surgery in any instance where he/she believes that the surgical procedure would jeopardize the health of the animal. I also understand and acknowledge that PV may refuse to accept any animal if it is the option of the veterinarian that acceptance could jeopardize the safety of any animal or human.

_____ TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS ANIMAL HAS NOT BITTEN ANY PERSON DURING THE PAST 15 DAYS PRECEDING THIS DATE.

_____ I certify that my animal has had no food for at least ten hours prior to surgery.

_____ I understand that it takes at least ten days for vaccinations to be effective on my pet. If I have not vaccinated my pet at least ten days prior to this date, I understand that my pet may not be protected. I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of the operation, the treatment of my animal by any means, or the confinement of my animal with other animals on the premises.

_____ I AGREE TO PAY FOR ANY UNANTICIPATED EXPENSES INVOLVING THE PROCEDURE OR AFTER CARE OF MY PET(S); LICK DAMAGE TO INCISION, ANESTHETIC COMPLICATIONS, ANTIBIOTICS, EMERGENCY DIAGNOSTICS, ETC. IF I CHOOSE TO USE ANOTHER VETERINARIAN'S SERVICES REGARDING SURGERY RELATED CARE, I WILL BE RESPONSIBLE FOR ANY CHARGES INCURED.

_____ In case of an abandoned animal, written notice to remove the animal will be mailed to me. Twelve days after written notice, the animal becomes the property of the PV and will be handled in accordance with the guidelines set by the Texas Board of Medical Examiners, It is understood that this does not relieve me from paying all costs from the service performed under the terms of this agreement. I agree to pay promptly all charges incurred by such care including boarding fees.

_____ As owner of the pet(s) described on the questionnaire form, I hereby request and authorize the attending veterinarian to perform the surgery and any other treatment necessary to accomplish sterilization of said animal (s). **If my male dog or cat is cryptorchid (testicle(s) not dropped) there will be an additional \$25/testicle charge. If my female dog or cat is pregnant or in heat, there will be an additional charge from \$10-\$25 (doctor discretion).**

_____ **If my pet is advanced in age (>5yrs), I understand that he/she is considered a high-risk surgery.** I understand that PV can refuse my animal for surgery and can recommend I take my pet to a full-service clinic for care/surgery.

Owner/Agent Signature: _____ **Date:** _____