Spay/Neuter Consent Form

Animal Name Tiplings Date _____

Contact phone number _____

Backup Phone Number 301 465 1094

Can we text you? Circle one: YES NO

If an antibiotic injection ($25), flea treatment ($15), dewormer ($15) and/or tapeworm treatment ($10) is needed on the day of surgery, do you authorize VCO to perform these services and collect payment at pickup? Circle one: YES NO CONTACT ME FIRST

Do you have any concerns about your animal today that you would like VCO to be aware of?

Neuter/Spay Rabies Combos and Chip*

Please initial next to each paragraph below and sign/date at the end:

JLS I certify that I am the owner or authorized agent of the animal listed. I authorize the doctors and staff of Veterinary Community Outreach (VCO) to perform anesthesia and surgical sterilization (spay, neuter) for this animal.

JLS I understand that although all reasonable precautions[1] will be taken to ensure the safety of the patient during the procedure, anesthesia and surgery inherently carry risks, up to and including permanent injury or death. Although adverse events are uncommon, the most likely complications include infection, blood loss, incisional dehiscence, and gastrointestinal upset. I agree not to hold VCO or the doctors and staff of VCO liable for complications resulting from sterilization surgery and anesthesia including but not limited to the risks listed above.

[1] "Reasonable precautions" refers to the standard of care set forth by White et al. in *High-Quality High-Volume Spay and Neuter and Other Shelter Surgeries* and by the American Society of Shelter Veterinarians in the document *Guidelines for Standard of Care in Animal Shelters*.

JLS I understand that VCO is a limited service spay/neuter and vaccine clinic and that if my animal requires additional care, I will be referred to a full-service veterinary facility.

JLS I understand that VCO is open by appointment only Tuesdays, Wednesdays, Thursdays and Saturdays and does not handle post-operative complications or emergencies. If a post-operative concern or emergency occurs I will take my animal to the nearest full service veterinary hospital or emergency clinic.

JLS I agree that if I have concerns or complaints about the services provided by VCO that I will document my concerns in writing and either mail or email them directly to the medical

director of VCO. A follow up phone call or in-person meeting will then be scheduled to discuss my concerns and attempt to reach a mutually agreeable resolution.

VeterinaryCommunityOutreach@gmail.com PO Box 74, Rippon, WV 25414

JLS I agree not to comment about VCO on social media or any other on-line platform and understand that if I do so I will immediately be terminated as a client and will face legal action. Legal action could include but is not limited to court charges of harassment, libel, defamation of character and cyberbullying under Virginia Code.

Code of Virginia § 18.2-209
Any person who knowingly and willfully states, delivers or transmits by any means whatever to any publisher, or employee of a publisher, of any newspaper, magazine, or other publication or to any owner, or employee of an owner, of any radio station, television station, news service or cable service, any false and untrue statement, knowing the same to be false or untrue, concerning any person or corporation, with intent that the same shall be published, broadcast or otherwise disseminated, shall be guilty of a Class 3 misdemeanor.

Signature _____ Printed Name Jennifer Sundergill