

**S.A.F.E. Saving Animals From Euthanasia, Inc - Surgical & Anesthesia Consent**

<b>Animal Name:</b>	<b>Male/Female</b>	<b>Cat/Dog</b>	<b>Age</b>	<b>STAFF ONLY Comments Here</b>
1.				
2.				
3.				

When was the last time your pet(s) had food? \_\_\_\_\_

Has your pet ever seen a veterinarian? Y/N If yes, when and for what? \_\_\_\_\_

Has your pet ever had any previous surgery or medical issues (such as seizures or difficulty breathing) ? Y/N. if yes, please explain:  
\_\_\_\_\_

Is your pet currently on any medications? Y / N If yes, what and why? \_\_\_\_\_

Do you have any health concerns about your pet? If so, please explain \_\_\_\_\_

**The spay/neuter surgery is an elective procedure performed under the American Veterinary Medical Association’s approved standards of practice. As with any surgical procedure, complications may arise during or after surgery, and may include (but are not limited to) bleeding, infection, organ dysfunction, exacerbation of pre-existing conditions, and in rare cases, death. Risks increase with age and can vary greatly. Please carefully read each item before signing below.**

I understand that S.A.F.E. will perform a brief physical exam prior to surgery. If my pet cannot be safely and humanely handled (as with feral cats), the examination may be very limited. This exam is NOT a substitute for a thorough examination with a full-service veterinarian. My pet will NOT receive pre-operative blood work or other tests (such as x-rays or EKG). I may choose to have these tests performed prior to surgery at a full-service clinic. In forgoing a pre-surgical work up, I accept responsibility for underlying health problems that may complicate anesthesia, surgery, and recovery.

I understand that my pet may be declined for surgery if the S.A.F.E. veterinarian determines their surgical risks are too high and greater than the scope of care S.A.F.E. can provide. The S.A.F.E. veterinarian’s decision is final. I will be given an explanation and asked to follow up with my regular veterinarian at a full service clinic.

I understand and assume the inherent risk of exposure to infectious disease if my animal is not current on vaccinations. S.A.F.E. is high-volume spay/neuter and vaccinations are not required for admittance. If document proof (not a tag) of current rabies is not presented, my pet will be vaccinated in accordance with Georgia law for a fee of \$10 per pet.

I understand that if my pet has excessive fleas, S.A.F.E. will treat with Capstar in order to perform surgery, and I will be charged \$10 for this treatment.

I understand that if my pet is pregnant, surgery will terminate the pregnancy and there may be additional charges for time, suture, and fluids - typically \$10-\$35.

I understand that if my pet is placed under anesthesia and an abdominal scar is found during prep, I will be contacted immediately. If I cannot be reached, my pet will not undergo surgery, and I will be responsible for pre-medication, anesthesia, and recovery costs.

I understand that it is my responsibility to check the incision site at least twice daily. S.A.F.E. does not provide aftercare for animals and I should schedule a follow-up exam with my veterinarian in 7-10 days. I assume responsibility for all costs incurred for any treatment of my pet once it has been released from S.A.F.E.

I understand that my pet will receive a small permanent tattoo (green line) on the abdomen to show that he/she has been altered.

I understand that I will receive post-surgical care instructions at check in and I will review these instructions prior to picking my pet up and I will have the ability to clarify any questions I may have when I pick my pet up at discharge. I assume full responsibility for providing post-surgical care for my pet.

I understand that over-the-counter human medications such as Tylenol, Motrin, Aspirin, Advil, etc. are toxic to animals and can result in serious complications including death and should NEVER be given to pets. My pet will receive an injection of pain medication lasting 24 hours. S.A.F.E. strongly recommends the purchase of 1-3 additional days of pain medications from our facility for all dogs to keep them comfortable. S.A.F.E. is not responsible for complications from the use of pain medication obtained elsewhere or prescribed for a different pet.

I understand that payment in full is required at the time of pick up. Cash, Debit/Credit card. We accept Visa, MasterCard, Discover & American Express **NO CHECKS!**

I understand that if my animal is not picked up within 10 minutes of the designated pick up time, I will be charged a \$35 late fee per animal and I am responsible for notifying anyone else picking my pet up of this late fee policy. I also understand that if I fail to reclaim my pet, it will be considered abandoned and transferred to the local animal shelter where it is my responsibility to reclaim according to that facility’s policy and procedure.

\*\*\*By signing below, I hereby release S.A.F.E. Saving Animals From Euthanasia, Inc., the veterinarians, staff, directors, officers, volunteers, and this location from any and all claims arising out of or in connection with the performance of the services requested. I agree that I have and will not claim any right of compensation from them relating to the performance of surgery, vaccines, or any post-operative complications.

\*\*\*By signing below, I acknowledge that I am the owner or agent owner of this animal and have the authority to execute consent.

\*\*\*By signing below, I acknowledge that I am fully informed and understand the contents of this Release Form and my questions have been answered.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ YOUR Printed Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Primary phone # \_\_\_\_\_ Secondary/Emergency Phone # \_\_\_\_\_

**YOUR PET IS HAVING SURGERY – KEEP YOUR PHONE HANDY! WE MAY NEED TO GET IN TOUCH WITH YOU!!!**