



STERILIZATION AUTHORIZATION AND RELEASE FORM
THIS IS A LEGALLY BINDING DOCUMENT, READ BEFORE SIGNING.

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Procedure and Risks

Your animal(s) is undergoing a spay and/or neuter surgery. There are inherent risks involved with surgery and the use of anesthetics and other drugs. Injury and/or death can result from the surgery, any related procedures, and from complications following surgery.

SPAY NEUTER NETWORK (SNN) does not conduct pre-surgical blood work. Your animal(s) may have unknown disorders of the liver, kidney, blood, and/or other system. Such disorders may increase anesthetic risk and/or may be worsened by the use of certain drugs. SPAY NEUTER NETWORK recommends pre-surgical blood work be performed at a full-service veterinary clinic before surgery. The following conditions increase the possibility of complications and/or death before, during, or after surgery:

- Animals in advanced stages of pregnancy
Animals in heat
Animals of advanced age
Animals suffering from heartworms, intestinal parasites, leukemia, underlying conditions of the heart, lungs, liver, kidneys, etc., or other diseases or injury

Your animal(s) will receive a small tattoo to show that they have been sterilized.

Consent: I am 18 years of age or older and I am the owner, or authorized agent, responsible for the animal(s) described below. I authorize SPAY NEUTER NETWORK, its staff members, volunteers and/or agents to receive, transport, and perform any and all necessary services for the sterilization surgery to be performed upon the animal(s) named below:

Please include name(s), age(s), color(s), and breed(s).

Pet # 1 \_\_\_\_\_ Pet # 2 \_\_\_\_\_

Pet # 3 \_\_\_\_\_ Pet # 4 \_\_\_\_\_

Pet # 5 \_\_\_\_\_

I acknowledge that no guarantees or assurances have been made to me regarding the results of the surgery.

I understand the risks involved in my animal's surgery and that injury to, death of, or post-operative infection may occur. I understand that my animal(s) will be placed under general anesthesia. I assume full responsibility for the consequences that may arise. I understand and accept these risks to my animal.

To my knowledge, this animal(s) is in good health. I verify that, to my knowledge, this animal(s) does not have a previously diagnosed condition. I verify that my animal(s) has not been vomiting, sneezing, coughing, and/or experiencing diarrhea within the past two (2) weeks.

I verify that this animal(s) has been fasted for at least 10 hours prior to surgery (with the exception of animals under 4 months of age). I understand that anesthesia and sedative drugs may cause stomach upset resulting in vomiting. Vomiting increases the risk of aspiration of stomach contents into the animal(s)' lungs that may result in aspiration pneumonia. I understand that SPAY NEUTER NETWORK is not responsible for complications resulting from failure to fast my animal(s).

I understand that SPAY NEUTER NETWORK is not responsible for complications resulting from my request to release my animal(s) while still showing signs of sedation, complications resulting from my failure to follow post-operative instructions, and complications resulting from my failure to keep my animal(s) indoors for at least seven (7) days after surgery.

I understand that there are inherent risks in failing to maintain current vaccinations. SPAY NEUTER NETWORK recommends that animals be vaccinated two (2) weeks prior to surgery. SPAY NEUTER NETWORK is not responsible for contagious diseases contracted after surgery for which the animal was not previously vaccinated, including, but not limited to, kennel cough. I am responsible for the cost of treatment.

I understand that if my animal(s) is a good surgical candidate and is pregnant at the time of surgery, the pregnancy will be terminated.

I understand that I MUST pick up this animal(s) on the date and time indicated by SPAY NEUTER NETWORK personnel. Failure to pick up my animal(s) within one (1) day of surgery will be construed as abandonment. An overnight charge of \$20 per night will be assessed to all owners who do not pick up their animal(s) by 4:00 pm at the Dallas clinic, 5:00 pm at the Crandall clinic, 4:00 pm at the Fort Worth clinic, 3:00 pm at the mobile clinic, or the designated time on transport. The staff will not wait for your return. I understand that the SPAY NEUTER NETWORK clinics are not staffed overnight, and the animal(s) will be unattended during this time.

I understand that there is risk of a moving vehicle accident when my animal is being transported to the clinic and hold SPAY NEUTER NETWORK and its driver harmless from any liability resulting from such accident.

To the best of my knowledge, this animal(s) has not bitten any person during the past fifteen (15) days preceding this date.

I will provide my animal(s) with a clean, dry, indoor environment for recovery. I will provide post-surgical monitoring and care in accordance with the Post-Operative Instructions provided to me.

I understand that if my animal dies, the animal will be picked up by me, or the remains will be disposed of in accordance with state laws and the policy of SPAY NEUTER NETWORK. I understand that I am responsible for paying all costs of services rendered, including any CPR drugs, the cost of keeping and/or disposing of animals.

Independent Veterinarians

I acknowledge that the veterinarians treating my animal(s) do not work for SPAY NEUTER NETWORK. The veterinarians are engaged in the private practice of veterinary medicine and are not employees or agents of SPAY NEUTER NETWORK. SPAY NEUTER NETWORK is not responsible for the judgment or conduct of the veterinarians who treat or provide services to my animal(s). SPAY NEUTER NETWORK does not exercise control of any nature over any procedures performed by the attending veterinarian and I will not hold SPAY NEUTER NETWORK, its staff, volunteers, or agents liable or responsible in any manner for any complications that may arise during surgery or as a result of the surgery.

The veterinarian may perform additional treatments or procedures that he/she feels are important to the health of the animal(s). These additional treatments or procedures are beyond the scope of SPAY NEUTER NETWORK's services and additional charges may apply.

The veterinarian may also refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian. I also understand and acknowledge that SPAY NEUTER NETWORK may refuse to accept any animal that, in its opinion, could jeopardize the safety of any other animal or person. For any pet declined for medical or safety reasons, you will be charged at least \$15 per animal for the exam and charged for all services and medications provided.

**Please read and initial the following: ADD A NOTE IF ANY OF THE ANSWERS BELOW DO NOT APPLY TO ANY SPECIFIC PET(S) LISTED ABOVE.**

\_\_\_\_\_ **FLEAS**, I understand that if fleas are noticed on my animal(s) any time before surgery he/she will be given Capstar® at a cost of \$10.00. (Capstar® is a temporary flea control tablet that should not replace a monthly flea treatment).

**MICROCHIPS** are the most effective way to recover animals that have become lost. SPAY NEUTER NETWORK offers this service for \$15.00. I \_\_\_\_\_ **DO** \_\_\_\_\_ **DO NOT** wish for my animal(s) to be microchipped today. Adopted animals in TX must be microchipped, pets living in Dallas and Fort Worth are required by law to be microchipped.

**DOG OWNERS, please initial one of the following:**

\_\_\_\_\_ I have been informed that the pain medication used in dogs to control pain during surgery is ketoprofen. This is a non-steroidal anti-inflammatory drug (NSAID) that is labeled for use in horses. Use in dogs is considered "off label" but is not uncommon in veterinary medicine. Side effects of this drug, as in all NSAIDs, can include gastrointestinal upsets and rarely, kidney dysfunction. I have been informed of the off-label use of this drug and accept its use in my animal(s).

\_\_\_\_\_ I do not wish to have Ketoprofen used in my dog(s) and would like an alternative pain medication used at an additional charge.

**DOG OWNERS, please initial one of the following:**

While required for dogs 5 years and older, a pre-anesthetic heartworm test is recommended for all dogs over 7 months of age prior to elective surgeries. Heartworm disease can lead to severe complications, and even death, under or after anesthesia.

\_\_\_\_\_ I, owner (or authorized agent) of the dog, request a pre-surgical heartworm test for my dog for an additional fee of \$16.50.

\_\_\_\_\_ I, the owner (or authorized agent) of the dog, decline the pre-surgical heartworm test and fully understand the additional risks involved if my dog is heartworm positive.

**DOG OWNERS, please initial one of the following:**

Your dog will be given a pain control medication that lasts approximately 24 hours. Some dogs may experience pain beyond 24 hours. You may purchase additional pain medication for an additional fee. Please initial that you have been informed about additional pain medication and you \_\_\_\_\_ **DO** or \_\_\_\_\_ **DO NOT** wish to purchase it.

**CAT OWNERS, please initial one of the following:**

Your cat will be given a pain control medication that lasts approximately 24 hours. Some cats may experience pain beyond 24 hours. You may purchase additional pain medication for an additional fee. Please initial that you have been informed about additional pain medication and you \_\_\_\_\_ **DO** or \_\_\_\_\_ **DO NOT** wish to purchase it.

**CAT OWNERS, please initial one of the following:**

A pre-anesthetic FeLV/FIV test is recommended before elective surgeries. This disease can lead to severe complications, and even death, under or after anesthesia/surgery.

\_\_\_\_\_ I, the owner (or authorized agent) request a FeLV/FIV test for my cat for an additional fee of \$20.00.

\_\_\_\_\_ I, the owner (or authorized agent) decline a FeLV/FIV test and fully understand the additional risks if my cat is FeLV/FIV positive.

**DONATIONS**, SNN is a nonprofit organization that provides surgeries for the community because of donations like yours. The cost to perform a cat surgery is \$100 and the cost to perform a dog surgery is \$125. Please consider giving a donation of \_\_\_\_\_\$5 \_\_\_\_\_\$10 \_\_\_\_\_\$20 \_\_\_\_\_Other. It will be added to your invoice. **THANK YOU!**

*By signing below, I hereby confirm that the procedures to be performed have been fully explained to me to my satisfaction, and I have read and understand the contents of this document. I understand that the services initialed above will be included in my final invoice I understand if I order any additional services or the veterinarian on duty performs any additional treatments or procedures including but not limited to the removal of retained deciduous teeth that he or she feels are important to the animal's health and safety at the time of surgery I am responsible for those services. Additional charges may be incurred if my animal(s) is pregnant, in heat or has undescended testicles. I understand that all services rendered today will be payable via the credit card on file and will be charged prior to patient discharge. I understand that it is my responsibility to contact the clinic if an alternate card is to be used by 10am. Non-Disparagement Agreement: By signing this form I agree that I will not disparage Spay Neuter Network (SNN) or any of its officers, directors or employees in any public forum including social media and internet review websites or applications. For purposes of this Section, "disparage" shall mean any negative statement, whether written or oral, about Spay Neuter Network. Should any complications or issues arise with SNN and myself, I agree to work only with SNN management in person or by telephone to resolve the issue(s). Your signature allows SNN to use you and/or your pet's picture in promotional material.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**WE ACCEPT CASH, MASTERCARD or VISA PAYMENT ONLY**

**Billing Info. You must only complete this if you DO NOT have a scheduled appointment.**

Name on Card: \_\_\_\_\_ Credit/Debit Card # \_\_\_\_\_ CVV Code \_\_\_\_\_

BILLING ADDRESS: Address, City, State, ZIP Code \_\_\_\_\_