



Pet Owner Name: _____ **Phone:** _____ **Email:** _____

Address: _____ **City:** _____ **Zip:** _____ **SR OR Voucher #** _____

Pet 1 Name:	Pet 2 Name:	Pet 3 Name:	Pet 4 Name:
Age: (yrs / mo)	Age: (yrs / mo)	Age: (yrs / mo)	Age: (yrs / mo)
Color:	Color:	Color:	Color:

DONATIONS: I would like to donate \$5 | \$10 | \$20 | \$50 or another amount listed here \$ _____

SNN is a nonprofit organization whose mission is to create compassionate communities free of homeless pets. Please consider donating to “spay it forward” so that others can continue to receive these services at low cost. Your donation will be added to your invoice. Thank you!

Consent

I am 18 years of age or older and am the owner (or authorized agent) responsible for the animal(s) described above. 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 above.

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 (hereafter referred to as SNN) does not conduct pre-surgical blood work, and 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. **SNN recommends that pre-surgical blood work be performed at a full-service veterinary clinic prior to 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

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

Unowned Cats/Community Cats must be in humane traps or hard carriers; left ear will be tipped.

TERMS:

- 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 SNN is not responsible for complications resulting from failure to fast my animal(s).
- I understand that SNN 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. Community cats must be kept indoors for 24 hours after surgery.
- 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 there are inherent risks in failing to maintain current vaccinations. SNN recommends that animals be vaccinated two (2) weeks prior to surgery. SNN 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 SNN personnel. Failure to pick up my animal(s) within one (1) day of surgery will be construed as abandonment. I will be charged an overnight charge of \$20/night/pet if I do not pick up my animal(s). The staff will not wait for my return. I understand that the SNN clinics are not staffed overnight, and the animal(s) will be unattended during this time.
- To the best of my knowledge, this animal(s) has not bitten any person during the past fifteen (15) days preceding the date of this consent form.
- 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 SNN. 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. I understand that the services initialed herein 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/she feels are important to the animal’s health and safety at the time of surgery), I am responsible for payment of such services.
- I understand that 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 with alternate card information to be used by 10am on the date of any scheduled appointment.

- I hereby acknowledge and agree that should any complications or issues arise between me (or any others with a personal interest in my animal(s), including my spouse, family members, co-owners, etc. ("Other Interested Parties") and SNN, I will work (and ensure that Other Interested Parties will work) only with SNN management in person or by telephone to timely and mutual resolution. In such event, I will not disparage, nor will I allow any Other Interested Parties to disparage, 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 SNN.

Independent Veterinarians

- I acknowledge that the veterinarians treating my animal(s) do not work for SNN. The veterinarians are engaged in the private practice of veterinary medicine and are not employees or agents of SNN. SNN is not responsible for the judgment or conduct of the veterinarians who treat or provide services to my animal(s). SNN does not exercise control of any nature over any procedures performed by the attending veterinarian, and I will not hold SNN, 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 SNN'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 SNN may refuse to accept any animal that, in its opinion, could jeopardize the safety of any other animal or person. For any animal declined for medical or safety reasons, you will be charged at least \$40 per animal for the exam plus charges for all other services and medications provided.

Please read and initial the following:

_____ **FLEAS:** I understand that, if fleas are noticed on my animal(s) any time before or during surgery, they will be given Capstar® at a cost of \$10.00. (Capstar® is a temporary, 24/hr. flea control tablet that should not replace a monthly flea treatment).

_____ **Please add a MICROCHIP (\$16.50 each) for** **Pet 1,** **Pet 2,** **Pet 3,** **Pet 4.** Microchips are the most effective way to recover animals that have become lost. I consent for my animal(s) to be microchipped today. (Pets living in the cities of Dallas, Fort Worth and San Antonio are required by law to be microchipped). Some surgical package specials require a microchip.

_____ **Transports:** I understand that during the transport to and from the clinic, my pet will not be under constant supervision. This means that my pet will be unmonitored for a period of time, and there is a possibility they may attempt to lick, scratch, or otherwise interfere with their incision site. I acknowledge the potential risks associated with this lack of supervision, including the risk of infection or complications arising from my pet accessing their incision. I understand that there is risk of a moving vehicle accident when my animal is being transported to the clinic and hold SNN and its driver harmless from any liability resulting from any such accident.

_____ **Option for Post-Surgery Pickup after transport:** I understand that I have the option to pick up my pet after surgery to avoid the risks associated with unmonitored transport following surgery. *Initial if you choose this option.* The clinic staff will work with you to schedule a convenient pickup time.

DOG OWNERS, please initial by YES or NO on the following. A Heartworm Test is Required to purchase prevention and for dogs 5 years of age and older receiving surgery.

Yes _____ NO _____ Please add a **Heartworm Test (\$20.00 each) for** **Pet 1,** **Pet 2,** **Pet 3,** **Pet 4.** A heartworm test is recommended for all dogs over 7 months of age prior to surgery. Heartworm disease can lead to severe complications, and even death, under or after anesthesia.

Yes _____ No _____ Please add **6 months /** **12 months Heartworm Prevention for** **Pet 1,** **Pet 2,** **Pet 3,** **Pet 4.** I recognize the critical role of heartworm prevention in maintaining my pet's health. Cost is by dog weight and length of prevention.

Weight	6 month	12 month
1-25 lbs	\$35	\$55
26-50 lbs	\$40	\$65
51-100 lbs	\$50	\$85

CAT OWNERS, please initial by YES or NO on the following.

YES _____ NO _____ Please add **Onsior pain medication (\$15.00 per cat) for** **Pet 1,** **Pet 2,** **Pet 3,** **Pet 4.** Your cat will receive a pain control medication today that lasts for about 24 hours. Some cats may experience pain beyond this period. You have the option to purchase additional oral pain medication for an extra fee.

YES _____ NO _____ Please add a **FelV/FIV Combo Test (\$25.00 per cat) for** **Pet 1,** **Pet 2,** **Pet 3,** **Pet 4.** A pre-anesthetic FelV/FIV test is recommended before surgery. This disease can lead to severe complications, and even death, under or after anesthesia/surgery.

YES _____ NO _____ Please add an **E-Collar (\$5.00 per cat) for** **Pet 1,** **Pet 2,** **Pet 3,** **Pet 4.** For the health and welfare of my cat, I understand that SNN strongly recommends that I purchase an e-collar to aid in the prevention of contact (including licking) of any incision site, which if not prevented by me, can cause post-surgery issues. (An e-collar is included with all canine surgeries.)

By signing below, I hereby confirm that: (i) I am the Owner or representative authorized to make decisions on behalf of the animal(s) listed in this document, (ii) the services and procedures to be performed have been fully explained to me to my satisfaction, and (iii) I have read, understand, and agree to the contents of this document.

PROMOTIONAL MATERIALS: Your signature below allows SNN to use you and/or your animal's picture and stories in promotional material.

Date: _____ **Signature:** _____