



## Consent for Sterilization

Client Name: \_\_\_\_\_

Address, City, ST, & ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Animal Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ DOB: \_\_\_\_\_

I understand and authorize that Animal Alliance of Galveston Co. Inc. is not a full service veterinary hospital, nor does Animal Alliance Inc. or the veterinary staff perform pre-surgery and post-surgery diagnosis, tests or treatment. However we highly recommend pre-anesthetic blood work be performed for the purpose of insuring your pet to be in a low risk category during anesthesia. By performing blood work we would be able to rule out many pre-existing internal problems that may not be evident physically, but could lead to surgery complications. Animal Surgical procedures are limited to spay or neuter surgeries in dogs and cats. Other procedures may be necessary during the course of surgery and I agree to pay for those procedures, including, but not limited to: Cryptorchid, Hernia, Pregnant, Pyrometra etc..

Animal Alliance Inc. is not responsible for an animal's medical condition resulting from prior or recently demonstrated symptoms or injury, illness, disease, malnutrition, dehydration or potential disease or illness resulting from contact with other animals. Nature of procedure(s) has been explained to me and no guarantee has been given as to the results or cure. The owner or agent is responsible for the spayed or neutered animal after care and is advised to follow post surgical directions. If, following surgery, the animal becomes lethargic, refuses to eat or drink, vomits, bleeds or acts disoriented or appears to be ill, the owner or agent is advised to take the animal to Animal Alliance during regular business hours for free examination. After business hours the owner or agent is advised to take the animal to a full service or emergency veterinarian for advice and/or treatment. I agree that Animal Alliance Inc., or Animal Alliance Inc. veterinarian will not be held responsible for other veterinarian costs associated with the care of the animal whether the owner or agent believes such costs are associated with surgery performed at Animal Alliance Inc.

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (such as presence of heartworm disease or pregnancy). I understand the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the absolute discretion of the attending veterinarian. I understand that there is some risk in these surgical procedure(s), including internal abdominal complications like, slip of sutures from stumps, internal bleeding, ligation of other internal organs or entrapment of other internal organs in ligation, remnants of ovarian tissue, loss of appetite, infection at the surgical site, torn or released sutures, skin rash, temporary lethargic condition, and in very rare circumstances, possible death. I release Animal Alliance Inc. and the Veterinarian from any claim or liability from the surgery and any and all claims for reimbursement for cost associated with surgery performed at Animal Alliance Inc.

I understand that feral cats will have their left ear notched. I consent to these procedures and additional costs, if any.

I understand that all animals must be picked up from the clinic at the time designated by the staff on the same day as surgery. If I do not claim the animal, I understand that after 24 hours the animal will be considered abandoned and the animal will be cared for in accordance with policy established by Animal Alliance Inc. I understand that once an animal has been abandoned, I relinquish all ownership rights and I will be responsible for any and all medical costs including boarding expenses.

Please indicate by signing:

I decline pre-anesthetic / Pre-surgical blood work. \_\_\_\_\_

I agree to pre-anesthetic / pre-surgical blood work (fee). \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_