



Information and Consent Form

Owner Name _____ Pet #1 _____

Address _____ Species _____

Address _____ Pet #2 _____

Zip Code _____ Species _____

Phone _____ Transportation Provided? YES NO

*Preferred Language _____ * Annual Income _____

I am the owner or authorized representative of the animal described above, and I have the authority to execute this consent.

I hereby **consent** and **authorize** _____ to perform the following procedures or operations (please circle)

SPAY NEUTER RABIES, If not, why? _____

The nature of the operations and/or procedures has been explained to me, and I understand what will be done. I have also been informed and understand that there are risks and may be complications associated with any operation or procedure of this type including risk of death. I further understand that during the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures.

I hereby authorize the use of anesthesia and pain relief medication as needed before and after the procedures. I have been informed of and understand the risks associated with the use of any medication.

I understand that hospital support personnel will be used as necessary by the veterinarian.

Signed _____ Date _____

Print Name _____

www.cvfix.org
(559) 477-8410

*optional

Authorization and Release (initial and sign where indicated)

_____ I, being of legal age and having responsibility for the animal described above, have the authority to grant to **Central Valley Spay/Neuter, Kirkland Foundation, Mell's Mutts, Fresno TNR, Paw Squad 559, the County of Fresno and the veterinarians providing these services** and their respective owners, officers, directors, employees, volunteers and/or agents my consent to receive, transport, prescribe for, fix, treat and/or perform surgical service and/or sexual sterilization surgery upon the animal named above.

_____ I hereby release **Central Valley Spay/Neuter, Kirkland Foundation, Mell's Mutts, Fresno TNR, Paw Squad 559, the County of Fresno and the veterinarians providing these services** and their respective owners, officers, directors, employees, volunteers and/or agents from any and all current or future claims arising out of or connected with the performance of this procedure and/or any other treatment or services provided. I agree that I will not claim any right to compensation from them or file an action by reason of any procedure, sterilization or attempted sterilization of such animal or consequences related thereto.

_____ I understand that any operation present hazards and that injury or death of said animal(s) may result due to the inherent risk of the procedure and the use of anesthetics and drugs used providing these services.

_____ I certify to my knowledge that this animal is in good health and has not bitten anyone in the last 10 days.

_____ I understand that **Central Valley Spay/Neuter, Kirkland Foundation, Mell's Mutts, Fresno TNR, Paw Squad 559, the County of Fresno and the veterinarians providing these services** have the right to refuse service to any animal which is deemed unhealthy. I agree to pay for any unanticipated expenses involved with the procedure or after-care of my animal. This includes but is not limited to any illness my animal may contract while in the facility.

_____ I acknowledge that all pre- and post-operative care is my responsibility. I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of any treatment and/or surgical procedure due to such failure, particularly kittens under four (4) months of age and animals that have never been vaccinated or tested for FELV/FIV.

_____ I understand that if my female animal is pregnant or has an enlarged uterus at the time of surgery, there may be an additional charge in an amount to be determined prior to surgery. I understand and acknowledge that if any female animal is pregnant at the time of the spaying, the litter will be terminated. The termination of the litter will take place regardless of stage of gestation.

_____ I understand that **Central Valley Spay/Neuter, Kirkland Foundation, Mell's Mutts, Fresno TNR, Paw Squad 559, the County of Fresno and the veterinarians providing these services** spay/neuter procedure includes tattooing the surgery site of female patients for identification purposes.

_____ I understand that if my male animal is cryptorchid, which means one of both testicles have not descended, there may be an additional charge in an amount to be determined prior to surgery.

_____ I certify that my animal has had no food or water since 10 PM the evening prior to surgery.

I, _____, request and authorize **Central Valley Spay/Neuter, Kirkland Foundation, Mell's Mutts, Fresno TNR, Paw Squad 559, the County of Fresno and the veterinarians providing these services** to administer vaccines, flea treatment, de-worming, or any other medical treatment that has been requested for my animal. I understand that these treatments may cause adverse reactions in some animals and hereby release the aforementioned organizations, their respective owners, officers, directors, employees, volunteers and/or agents assisting them from any claim arising out of or in connection with the receipt of any treatment of vaccine given and waive them of liability for any adverse outcomes that could be incurred while the patient is in their care.

Owner or Authorized Representative

Today's Date

*optional