



## Owner Information and Consent for Procedures Stratford Perth Humane Society Spay Neuter Clinic

Owner Information/Person ID#:		Animal Information:	
Name:		Name:	
Address:		Pet point:	
		Microchip:	
Phone:		Sex: M F	Species: Canine Feline
Email:		Age:	Breed: Colour:
Emergency/alternate contact (name and number):			

1. Has your pet been to a veterinarian within the last 30 days?  No  Yes Reason: \_\_\_\_\_
2. Has your pet been eating/drinking normally?  No  Yes
3. Did your pet eat this morning?  No  Yes
4. Does your pet have any current medical concerns (check all that apply):  
 Coughing  Sneezing  Vomiting  Diarrhea  Lethargy  Other: \_\_\_\_\_
5. Is your pet currently on any medications (including flea/tick/heartworm): \_\_\_\_\_
6. When was your pet last vaccinated? \_\_\_\_\_
7. Does your pet have any history of vaccine reactions or drug allergies?  No  Yes: \_\_\_\_\_
8. Has your pet bitten any person in the last ten (10) days?  No  Yes
9. Would you like your pet to receive a complementary nail trim while sedated?  No  Yes

I, the undersigned, being 18 years of age or older, am the owner or agent of the owner of the animal described above and am authorized to make decisions regarding its care.

I hereby acknowledge that I have read and understood the following:

### INITIAL EACH POINT

- I have read and understood the FAQ and pre-operative instruction sheets that were provided to me, as well as watched the admission video provided in the appointment emails
- \_\_ The general nature of the proposed procedure: general anesthesia, sterilization (spay/neuter)
- \_\_ The reasonable risks or dangers and side effects of general anesthesia, drug administration and the surgery above, including but not limited to injury, post-operative infection, or death.
- \_\_ Surgery and care of the animal will be provided by veterinarians and designated auxiliaries of the SPHS
- \_\_ All animals will have a microchip placed at the time of their procedure. This is included with surgery costs and is mandatory. We will register the chip with the owner contact information above.
- \_\_ All patients will have a permanent identification of sterilization performed in the form of a small green line tattooed near the surgical site
- \_\_ If the animal is found to be pregnant at the time of surgery we will proceed with surgery and the pregnancy will be terminated as a result. Pregnancy-terminating spays may be associated with an increased severity of post-operative complications, especially in late pregnancy. This may come with a cost up to \$100, depending the stage of pregnancy
- \_\_ If an animal is found to have evidence of fleas or ear mites during exam or surgery (live fleas, flea dirt), one dose of flea product (Selamectin) will be administered and the owner will be charged a \$15.00 fee



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- Due to the nature of the shelter environment, it is possible the animal may be exposed to contagious illnesses during hospitalization. The SPHS is not responsible for any veterinary costs that may be incurred subsequently to hospitalization.
- Instructions for picking up pets after surgery have been provided. Late pick ups/over night care are not available.
- Follow-up care for any concerns directly related to the surgical procedure will be provided at minimal cost for up to one week post-surgery, during business hours at either the SPHS or KWHS. Further follow up care or after hours care must be obtained either through a community veterinarian or emergency clinic, at the owner's expense. SPHS will not held responsible for costs of services performed at other veterinary clinics.
- The cost expected for this procedure has been paid.

I understand that there can be no guarantee as to the animal's condition or reaction to or the outcome of any procedure/treatment undertaken. My questions have been answered, I have read or had explained to me and fully understand the information on this form, and declare that I understand and voluntarily consent to the described procedures/treatments.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Owner/ Owner's Agent

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of KWHS/SPHS Representative

### Post-Operative Acknowledgement

I hereby acknowledge that I have been provided with verbal and written discharge instructions, and understand these instructions.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Owner/Owner's Agent

### Admin only:

Requested services:	
<input type="checkbox"/> Core vaccine (FVRCP)	\$25.00
<input type="checkbox"/> Rabies vaccine	\$25.00
<input type="checkbox"/> Elizabethan collar	\$12.50
<input type="checkbox"/> Dewormer (1 dose)	\$15.00
<input type="checkbox"/> Dewormer(3 doses)	\$45.00
<input type="checkbox"/> Droncit injection	\$15.00

Required services:	
<input type="checkbox"/> Flea/Ear mite treatment (Selamectin)	\$15.00
<input type="checkbox"/> Hernia repair	\$30.00
<input type="checkbox"/> Retained testicle	\$50.00
<input type="checkbox"/> Pregnancy Termination	up to \$100

Proof of vaccination provided:
<input type="checkbox"/> Yes <input type="checkbox"/> No
_____
_____