



9858 Rush Street, South El Monte, CA 91733 | 424.350.8113

# SURGICAL CONSENT FORM

## TERMS OF AGREEMENT

**Stray Paws Animal Haven uses qualified individuals & approved medical grade materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present, just as it is for humans who undergo surgery.**

**Please carefully read, & ensure you understand, all of the information on this agreement before signing your name:**

I, acting as owner or agent of the animal named above, hereby request and authorize Stray Paws Animal Haven, through whomever veterinarians they may designate, to perform an operation for sexual sterilization, vaccines, medical treatment/diagnosis and/or microchipping of the animal(s) named below.

I understand that Stray Paws Animal Haven has the right to refuse any service &/or procedure to any animal for any reason, including, but not limited to, situations where surgery is deemed a health risk. Such refusal is at the sole discretion of the attending veterinarian.

I understand that the operation I have elected presents some hazards, & that injury to, post-operative infection in, or death of, the Animal may conceivably result, for there is some inherent risk in the procedure & in the use of anesthetics & drugs provided for the procedure, as well as in any vaccines used. I understand that general anesthesia will be administered to the Animal for surgery. I understand & accept these risks to the Animal.

I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, & diseases such as feline immunodeficiency virus ("FIV"), feline leukemia virus ("FeLV"), & heartworms. **I understand if the Animal is pregnant, the pregnancy will be terminated at surgery.**

I understand that if this animal has any of the following, there will be an **additional charge \$25 for tame/pet cats**:

- **umbilical hernia repair,**
- **cryptorchid,**
- **pregnancy,**

I understand & agree that the "STRAY PAWS ANIMAL HAVEN" & "STRAY PAWS ANIMAL HAVEN" Parties (collectively, the "Released Parties") shall not be liable to or held responsible by me in any matter whatsoever for, or in connection with, the procedure(s) to be performed on the Animal &/or any vaccinations to be given to the Animal, & I hereby hold the Released Parties harmless from & against any & all liability & damages that may arise. I will take full responsibility, financial & otherwise, if the Animal becomes ill unless it is surgical related. I hereby agree to indemnify & hold the Released Parties harmless for any damages caused during the transportation of the Animal. The Released Parties shall not be held liable for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.

I agree that Stray Paws Animal Haven Parties may take, or permit others to take, photographs or video of me &/or my animal, while at "STRAY PAWS ANIMAL HAVEN" & that "STRAY PAWS ANIMAL HAVEN" & "STRAY PAWS ANIMAL HAVEN" Parties may use or authorize the use of the photographs or video of me &/or my animal in any way it deems appropriate to support the clinic's mission, including fundraising purposes.

I HEREBY WARRANT THAT I (A) AM AT LEAST EIGHTEEN (18) YEARS OF AGE & THE AGE OF MAJORITY IN THE STATE IN WHICH I RESIDE, (B) HAVE READ THIS AGREEMENT CAREFULLY PRIOR TO ITS EXECUTION, (C) FULLY UNDERSTAND THE CONTENTS OF THIS AGREEMENT, (D) REALIZE THIS AGREEMENT IS AN ENFORCEABLE LEGAL DOCUMENT BETWEEN MYSELF & "STRAY PAWS ANIMAL HAVEN", & (E) VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL.

THE ANIMAL(S) WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, & AGREE TO THE TERMS IN THIS AGREEMENT.

**DATE:**

**PET NAMES/ TNR NUMBER OF CATS:**

**OWNER/CAREGIVER:**

**SIGNATURE OF OWNER OR AUTHORIZED AGENT:**