

**SPAY/NEUTER CLINIC CONSENT FORM**  
**ALL PETS VETERINARY SURGERY UNIT**



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 read the following prior to signing and dating below.

Acting as owner or agent of the pet(s) undergoing surgery today, I authorize All Pets Veterinary Surgery Unit, through veterinarian Lori Duggan VMD, to perform an operation for sexual sterilization.

I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service.

I either certify that my animal has been vaccinated within one year prior to this date or waive my right to protect my animal by having it vaccinated, or request recommended vaccinations at the time of surgery. I understand that it takes up to two weeks for vaccinations to protect my animal.

I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of this operation due to such failure.

I certify that my animal is in good health and has had no food since midnight the evening prior to surgery, (5am for kittens/puppies). For Rabbits, Sugar Gliders, Rats, Chinchillas and Guinea pigs do not withhold food prior to surgery, plus they may have a small amount of food in their carriers.

I understand that some factors significantly increase surgical risk, including but not limited to pregnancy, heat and diseases including Feline Immunodeficiency Virus, Feline Leukemia and heartworms.

I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.

I understand that if a visible spay scar is found during preparation for surgery, no abdominal exploration will be performed.

Signature: \_\_\_\_\_ Pet(s) Name(s): \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_