

Surgery Consent Form

PLEASE READ CAREFULLY BEFORE SIGNING

I am the owner, or agent for the owner, of the above-described animal and have the authority to execute this consent. I hereby consent to and authorize sterilization, tattoo identification and provision of other routine veterinary services of the animal described in this application.

I understand that modern techniques and trained staff will be used to care for all animals and reasonable precautions will be used against injury, escape, or death of the animal within the financial limits of a low-cost clinic. I understand that surgery should be performed only after appropriate health screening by a licensed veterinarian, including heartworm and fecal parasite exam and that is not provided by Georgia Animal Project. It is thoroughly understood that the attending veterinarian, Georgia Animal Project, their staff, volunteers and agents will not be held liable or responsible in any manner, and that I assume all risks associated with this clinic and surgical procedure. I further understand that once my companion animal leaves the clinic building, I am fully responsible for all care and veterinary expenses.

I understand that during the performance of the surgical procedure, unforeseen conditions may be revealed that necessitate an extension of the foregoing procedures or different procedures than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedures, as are necessary and desirable in the exercise of the professional judgment of the attending veterinarian, who is acting only as a service provider for Georgia Animal Project.

I understand that any surgical procedure carries some risk and postoperative complications are possible, including, but not limited to infection, wound dehiscence, adhesions, and other unforeseen conditions, including death. I understand that these risks are greater without adequate pre-surgery screening.

I authorize the use of appropriate anesthetics and other medications as deemed necessary by the attending veterinarian.

I have been advised as to the nature of the procedures and the risks involved. I realize that results cannot be guaranteed.

I understand that if my dog or cat is pregnant and not in active labor, by signing this document I am authorizing the termination of said pregnancy. I also understand that I will be notified of the terminated pregnancy at the time of discharge.

I understand that should I not pick up my animal during the designated pickup period that I will be charged a boarding fee of \$15.00 per hour for the first two hours. If I have not picked up my animal within two hours of the designated time, but I have contacted Georgia Animal Project concerning my failure to pick up the animal, I understand that I will be responsible for all reasonable costs and charges related to boarding the animal overnight. I further understand that any animal left longer than two hours beyond the designated pickup time without communication from the owner or any animal not picked up within 24 hours of the designated pickup time will be considered abandoned and turned over to the local animal shelter for processing.

I understand that Georgia Animal Project is not a substitute for a regular veterinarian and that because this clinic is operated as a low-cost spay/neuter program, we do not offer vaccine verification or test results to third parties following the surgical procedure. At the time of pickup, Georgia Animal Project will provide a receipt detailing the services provided. We cannot provide copies at a later date. Georgia Animal Project does not provide written prescriptions for heartworm prevention or other medications.

Known Animal Health Conditions: _____

I acknowledge that I have been provided a copy of the **Surgery Aftercare Instructions** and that I have read and fully understand this **Surgery Consent Form**.

Signature of Owner or Agent

Date