



# FOTAS SPAY & NEUTER CLINIC

3265 Biddle Road, Medford OR 97501 | 541-200-2525

## SURGICAL CONSENT FORM

|       |                 |
|-------|-----------------|
| Owner | Date of Surgery |
|-------|-----------------|

|      |                           |
|------|---------------------------|
| Name | Description<br><br>Notes: |
|------|---------------------------|

**PLEASE NOTE THAT ALL CATS MUST BE DROPPED OFF AT 7:15AM, ALL DOGS MUST BE DROPPED OFF AT 7:45AM**

**Pet Pick-Up Policy:** Our clinic schedule runs tightly to ensure every pet receives safe and timely care. **If you arrive late for pick-up, a \$10 fee will be added for every 10 minutes past your scheduled time.** Please plan accordingly to avoid additional charges.

### Mandatory Services:

**Ear Mites:** If my pet is diagnosed with ear mites, I hereby consent to the treatment and ear cleaning at a cost of \$20. I understand that this is not an optional service.

**Foxtail/Grass Seed Removal:** If foxtails or grass seeds are found in my pet's ears during the exam, I acknowledge and consent that they will be removed at a charge of \$10 per ear. I understand this service is not optional, as leaving foreign material in the ear is painful and can result in infection or permanent damage.

**Live Fleas:** If my pet is found to have live fleas or signs of fleas, I understand that this is not an optional service, and my pet will be treated with Capstar flea treatment to ensure the safety of all pets in the clinic. I agree to pay a fee of \$10 for this treatment

## TERMS OF AGREEMENT

Friends of the Animals Community Spay & Neuter Clinic 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 and ensure you understand all of the information on this agreement before signing your name.**

I, being lawfully authorized to make decisions on behalf of the animal named/described above (the "Animal"), hereby request and authorize Friends of the Animals Community Spay & Neuter Clinic, including its affiliates, and each of their employees, volunteers, veterinarians and/or other agents (collectively, FOTAS Spay/Clinic Parties), as appropriate and in accordance with applicable law, to receive, transport, prescribe for, treat and/or administer rabies vaccinations, if deemed necessary and even if not requested, and any other vaccinations and/or services I have selected below, and/or perform an operation for sexual sterilization of the Animal.

I understand that it takes up to two (2) weeks for vaccinations to best protect the Animal. By initialing here, I certify that the Animal has been vaccinated within one (1) year prior to this date; or waive my right to protect the Animal by having it vaccinated at least two weeks prior to surgery; or request recommended vaccinations at the time of surgery, as selected above with the knowledge that the Animal will still not be protected. I certify that the Animal has not bitten anyone in the last ten (10) days.

I understand the inherent risks of failing to maintain current vaccinations and that no vaccination is always 100% protective, and waive all claims arising out of, or connected with, any illnesses contracted post-surgery, including, but not limited to kennel cough or other upper respiratory infections. I am responsible for treatment at my own cost.

I understand that the operation I have elected presents certain inherent risks, including but not limited to injury, post-operative complications, infection, or, in rare cases, death of the Animal. I acknowledge that these risks exist with any surgical procedure or use of anesthetics, drugs, or vaccines. I

release and hold harmless Friends of the Animals Community Spay & Neuter Clinic, its veterinarians, staff, volunteers, and agents from any and all claims or liability arising from or related to this procedure, including any unforeseen or rare post-surgical events or complications. I understand that general anesthesia will be administered for surgery, and I accept these risks on behalf of the Animal.

I further understand that Friends of the Animals Community Spay & Neuter Clinic and/or any FOTAS Spay/Neuter Clinic representative has the right to refuse any service or procedure for any reason, including, but not limited to, cases in which the attending veterinarian determines that surgery would pose a health risk. Such decisions are made solely at the discretion of the attending veterinarian.

I understand that a pre-surgery exam will be performed on the Animal when possible, but that there are times, in the attending veterinarian's sole discretion, when such an exam may only be performed after the Animal has already been sedated or anesthetized. **If the Animal cannot be safely handled for examination while awake, I authorize Friends of the Animals Community Spay & Neuter Clinic to proceed with sedation and the spay or neuter procedure without further contact.** I understand that the Animal will not receive pre-operative bloodwork at Friends of the Animals Community Spay & Neuter Clinic. If I choose for the Animal to have such bloodwork, I understand that it must be performed at a full-service veterinary clinic.

I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, and diseases such as feline immunodeficiency virus ("FIV"), feline leukemia virus ("FeLV"), and heartworms.

I understand that if the Animal is an acceptable surgical and/or vaccination candidate, sterilization procedures and/or vaccinations will be performed regardless of the Animal's gender and/or medical condition, including but not limited to, pregnancy. **I understand if the Animal is pregnant, the pregnancy will be terminated at surgery.**

I understand that if the Animal is found to be a different sex than indicated during registration, Friends of the Animals Community Spay & Neuter Clinic may proceed with the appropriate sterilization procedure. I agree to pay any additional fees associated with the surgery based on the Animal's actual sex (e.g., if a male is found to be female, female pricing will apply).

If during treatment, a condition is discovered that requires medical attention or an additional procedure, such as hernia repair or the administration of IV fluids, the attending veterinarian may, in his/her absolute discretion, perform such procedure. I consent to these procedures and agree to pay reasonable additional charges if any.

I will provide recovery space that is clean, indoors, warm, and dry. I will provide proper post-surgery monitoring and care for the Animal, including but not limited to, the care described in the Post-Operative Instructions. I agree to abide by the Post-Operative Instructions - a copy which will be provided to me. If I suspect the Animal has any post-operative complications, I agree to follow the Post-Operative Instructions.

I understand that I, or someone authorized by me, must pick up the Animal from the location designated by the medical staff, and at the time designated by the medical staff on the day of the surgery. I understand if I arrive late for pick-up, a \$10 fee will be added for every 10 minutes past your scheduled time. I understand that, if I do not pick up the Animal at the designated time and place as described above, I agree to pay a boarding fee of up to \$100 per night plus any related costs to medicate or provide for the Animal. Upon expiration of the statutory hold period (24 hours), the Animal may be considered by Friends of the Animals Community Spay & Neuter Clinic to be abandoned by me. In that event, I understand that, upon expiration of the statutory hold period, Friends of the Animals Community Spay & Neuter Clinic shall have discretion to deal with the Animal as it deems appropriate, including, but not limited to, exercising its right to turn the Animal over to the Friends of the Animals Foster Program for adoption.

I understand and agree that the Friends of the Animals Community Spay & Neuter Clinic and FOTAS Spay/Neuter 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 and/or any vaccinations to be given to the Animal, and I hereby hold the Released Parties harmless from and against any and all liability and damages that may arise. I will take full responsibility, financial and otherwise, if the Animal becomes ill. I hereby agree to indemnify and 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 Friends of the Animals Community Spay & Neuter Clinic and FOTAS Spay/Neuter Parties may take, or permit others to take, photographs or video of me and/or my animal, while at the FOTAS Clinic and that Friends of the Animals Community Spay & Neuter Clinic and FOTAS Spay/Neuter Parties may use or authorize the use of the photographs or video of me and/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 & "CLINIC NAME", AND (E) VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL.

DOGS AND CATS 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.

**SIGNATURE OF OWNER OR AUTHORIZED AGENT:**