

GENERAL ANESTHESIA SURGERY CONSENT AND RELEASE FORM

Ark La Tex Spay & Neuter Clinic
254 E. New Boston Road
Nash, TX 75569 903-223-0837

Pet's Name: _____
Owner's Name: _____

Procedure to be performed: _____

I hereby consent and authorize the doctors & associates of Ark La Tex Spay & Neuter Clinic receive, prescribe for, treat, and/or operate upon _____ (pet name).

If your pet should become ill while with us **we will take all necessary measures to save its life.** Should an animal die while in our care we reserve the right to perform a necropsy. We request that you **leave us a contact phone number when you place your pet in our care.**

*****We recommend your pet have current Rabies vaccination and upper respiratory vaccination within the calendar year for their protection and the protection of other pets. If your pet is not current, we can administer any necessary vaccinations.*****

Is your pet current on vaccinations? Rabies ___ Parvo/Distemper ___ Bordetella ___
Feline Leukemia ___ Feline Respiratory (4 in 1) ___

Is your pet on monthly heartworm preventative? Y / N what type? _____

Is your pet 6 years or greater? Y / N

Is your pet currently on any medications? Y/N Please list below

We recommend every pet have the following : (Especially if your pet is 6yrs and older)

Pain medication for home \$10 Pre-anesthetic bloodwork \$45 IV Fluids \$15

While your pet is here, would you like any of the following:

Teeth cleaning \$35

Ear cleaning \$5

Heartworm Test \$18

Nail trim \$5

Declaw (cats) \$45

Hernia Repair \$20

Fecal test \$5

Wormer \$5

Dewclaw removal \$20 each

Vaccinations –

Dog: Rabies \$10, 7 in 1 \$15, Bordetella \$15

Cat: Rabies \$10, 4 in 1 \$15, Feline Leukemia \$20

Ark La Tex Spay and Neuter Clinic uses qualified staffing and approved 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. Carefully read and understand the following before signing.

I, owner or owner's agent, hereby request and authorize Ark La Tex Spay and Neuter Clinic to perform above procedure to my pet.

I understand that the operation and anesthesia present some hazards and that injury or death of the animal may result.

I understand that a full course of vaccinations along with monthly heartworm and flea control is recommended to be in place at the time of surgery. I understand that 2-3 weeks are required for vaccines to be in full effect.

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

I certify that my pet is in good health and has had no food after midnight the evening prior to surgery.

I understand that pre-anesthetic blood work, intra-operative IV fluids, and take home pain medicine are recommended.

I understand that some factors significantly increase surgical/anesthetic risk, including but not limited to, pregnancy, heat, Feline Immunodeficiency Virus, Feline Leukemia, heartworm disease, internal and external parasites, lactation and obesity.

I understand that if my pet is pregnant, the pregnancy will be terminated unless otherwise stated.

In case of an abandoned animal, written notice will be sent to the address given at the time of check in.

Five days after such notice the animal will be considered abandoned and can be handled as provided by law. It is understood that this does not relieve you from financial obligation of services, hospitalization, treatment, and boarding.

I hereby release the Ark La Tex Spay and Neuter Clinic, veterinarians and staff from any and all claims arising out of or connected with the performance of this procedure or any treatment. I agree that I have no and will not claim any right of compensation from them or file action due to any consequences related to procedure or treatment. Owner/agent holds Ark La Tex Spay and Neuter harmless for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

I have read the above and agree:

Signed: _____ Date: _____

Contact phone number: _____

***If your pet is found to be infested with fleas, Capstar will be administered at YOUR expense.**