

Domestic Surgical Consent (Feline & Canine)

Owner _____

Address _____

City & Zip _____

Email _____

Best number to reach you at **today** _____

Pet Name _____

Breed & Color _____

Age _____ Sex _____

Dog owners only: Is your dog current on heartworm prevention? Yes _____ No _____

If yes, which one? _____

If no, would you like a heartworm test and prevention today? Yes _____ No _____

If no, please sign below

I hold both veterinarian and staff harmless should illness, injury, or death result from declining the recommended care. Owner signature _____

Additional services requested (microchip, flea prevention, fecal, etc...) _____

Any health concerns? Is your pet currently on any medication? _____

If your CAT has fleas at the time of surgery they will be treated without us calling. Which do you prefer?

Capstar (\$10) _____ Revolution Plus (\$20-1 month) _____ Bravecto (\$30-3 months) _____

Please sign on back----->

I, the undersigned owner certify that I am over 18 years of age and hereby authorize the doctor(s) at the Central Florida Community Pet Clinic to perform the above anesthetic and surgical procedure(s) for today's domestic cat/dog. I understand that some risk always exists with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian or vet technician before the procedure(s) is/are initiated.

While undergoing these procedures your pet will receive anesthetic drugs that prevent pain. Because we care about your pet's comfort and strongly believe that pain relief is important, additional pain medications will be provided, as needed, to control the level of your pet's discomfort after surgery and during its recovery.

In the event an additional surgery is needed (hernia repair, cryptorchid, etc...) we will do our best to contact you to authorize surgery but will always choose what is in the best interest of our patient. Owners will be responsible for any fees related to these surgeries.

While I accept that all procedures will be done to the best of the abilities of the staff at Central Florida Community Pet Clinic, I understand that no guarantee or warranty has been made regarding the results that may be achieved. Should some unexpected lifesaving emergency care be required the hospital staff will provide such treatment to the best of their abilities.

I understand that if my pet stops breathing and/or his/her heart stops beating that my pet will die unless CPR is performed. CPR involves the use of chest compressions, manual ventilation (breathing), and the giving of medications to help resuscitate my pet.

Your animal will receive a small tattoo on his/her underside to show that he/she has been sterilized. If my animal is pregnant, the pregnancy will be terminated at surgery.

I will hold harmless Central Florida Community Pet Clinic, its veterinarians/veterinary students, technicians, volunteers, and agents for any problems experienced by the animal as a result of surgery or the above risk factors.

In the event your pet is already spayed or neutered no money will be refunded due to administrative and processing costs.

Upon discharge, the aftercare is your responsibility. The success of recovery depends on your care. We are not responsible for any damage your pet may cause due to self-inflicted trauma to the surgery site once released, and we highly recommend purchasing an E-collar to prevent any damage. If there are any questions or concerns directly related to the surgery during the recovery period, please call this office at (386) 320-0503. If there is an emergency after hours, contact your regular veterinarian or the Veterinary Emergency Clinic of Central Florida at (407) 644-4449. Any emergency vet care costs will not be covered by Central Florida Community Pet Clinic.

I have read and fully understand the terms and conditions set forth above.

Printed Name

Signature

Date