

Surgery Consent Form

PLEASE READ CAREFULLY BEFORE SIGNING

I am the owner or agent for the owner for the described animal and have the authority to execute this consent. I hereby consent to and authorize sterilization of this animal.

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. It is thoroughly understood that the attending veterinarian, Georgia Animal Project, TC Country, their staff, volunteers and agents will not be held liable or responsible in any manner, and I assume all risks. I understand that once my companion animal leaves the clinic site that I am fully responsible for all care and subsequent veterinary expenses.

I understand that during 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 if my animal has an open umbilical hernia, it will be repaired at time of surgery at an additional charge of \$15.

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 surgery is best performed after appropriate screening by a licensed veterinarian, including blood work, heartworm, and fecal parasite screening and that such screening is not provided by the Georgia Animal Project. I waive my right to have this service performed prior to surgery at a full-service veterinarian. I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, heat, and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and heartworms.

I certify that I have disclosed all known medical conditions or that my animal is in good health, and has had no food since 10:00 pm the evening prior to surgery.

I understand that Georgia Animal Project may refuse service to any animal to whom surgery is deemed a health risk.

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

I understand that Georgia Animal Project is not a substitute for a regular veterinarian--Georgia Animal Project is a low-cost spay & neuter program and does not offer vaccine verification or test results to third parties following the surgical procedure. Georgia Animal Project will provide a receipt detailing the services that were provided and cannot supply copies at a later date. Georgia Animal Project does not provide prescriptions for any preventatives or medications.

I understand that should I not pick up my animal during the designated pick-up period that I will be charged a boarding fee of \$25.00 per night. I may also be charged additional fees to vaccinate my animal for immunizations that may be required by the assigned boarding facility. Animals not picked up within 24 hours of the designated pick-up period will be considered abandoned and transferred to the Cherokee County Animal Shelter.

I acknowledge that I have received a copy of the "Surgery Aftercare Instructions."

I have read and understand this authorization and consent.

Signature of Owner or Agent

Today's Date