

PLEASE READ THE FOLLOWING FORM CAREFULLY

PET OWNER CONSENT FORM (OWNED ANIMALS)

Surgical Consent for Medfield Animal Shelter Spay/Neuter Clinic

Medfield Animal Shelter uses qualified staffing and approved materials for all procedures 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 your name.

I, acting as owner or agent of the pet named on the attached **Surgical Authorization Form** (the "Form"), hereby request and authorize the Medfield Animal Shelter, Inc. through whomever veterinarians they may designate, to perform a sexual sterilization operation of the animal named on the Form.

I understand that the operation presents some hazards and that injury or death of an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service.

I certify that my animal has been vaccinated within one year prior to this date, request recommended vaccines at the time of surgery, or waive my right to protect my animal by having it vaccinated. I understand that it takes up to two weeks for vaccines to protect my animal.

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

I certify that my animal is in good health and has had no food since 9:00 pm the evening prior to surgery.

I understand that Medfield Animal Shelter has the right to refuse services to any animal for whom surgery is deemed a health risk.

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 understand that if surgical complications arise that cannot be adequately treated at the MAS clinic, I will be informed immediately and MAS will transport my pet to a veterinary hospital for urgent medical care at MAS expense. IF I elect to transport my pet to my own veterinarian, I understand that I assume responsibility for all related expenses.

I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.

I understand that if my animal has an open umbilical hernia, it will be repaired at time of surgery at an additional charge of \$50.

I understand that if I don't retrieve my pet at the agreed upon time that the Medfield Animal Shelter will exercise its right as a humane animal shelter to dispose of the animal as allowed under the laws of the State of Massachusetts. Owners of pets left after the agreed date shall be charged a boarding fee of no less the \$30 per night.

I hereby release the Medfield Animal Shelter, all veterinarians, volunteers, assistants, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that have not and will not claim any right of compensations from them or any of them or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner/agent hereby agrees to indemnify and hold Medfield Animal Shelter harmless for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

ALL FERAL CATS RECEIVE AN EARTIP FOR IDENTIFICATION WHEN SPAY/NEUTERED.

YOUR ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.

Signature _____ Date _____

