



FOOTHILLS ANIMAL SHELTER

Surgery Information & Consent Form

Name: _____ Date: _____

Address (where trapping): _____ City: _____ Zip: _____

Email: _____ Main Phone Number: _____

Emergency Phone: _____ Best way to contact you (circle): Call Text Email

Pet Information

Cat #1 Name:			Cat #2 Name:		
Gender			Gender		
Male	Female	Unknown	Male	Female	Unknown
Age			Age		
Adult	Kitten		Adult	Kitten	
Coat Length			Coat Length		
Short	Medium	Long	Short	Medium	Long
Color			Color		
Medical Issues or Questions			Medical Issues or Questions		

Requested Feline Vaccines and Services

The following vaccines/testing will be administered during the surgery

*Feline Distemper Vaccine

* Rabies Vaccine

* FELV/FIV Test

* Ear Tip

Do you understand there is always a risk with anesthesia, and we cannot predict how the individual animal will respond to the drugs that we use? No _____ Yes _____

Do you understand that there is always a risk of complications with surgery such as without limitation, bleeding, infections, etc.? No _____ Yes _____

I, the undersigned, certify that I am eighteen years of age or over. I authorize the veterinarian(s) at Foothills Animal Shelter (FAS) to perform the above procedure(s) and accept the following terms and conditions.

- I understand that older, pregnant, or "in-heat" animals pose an increased risk for complications, and surgery will be performed at the discretion of the attending veterinarian. I understand FAS has the right to refuse service to any animal when surgery is considered to be an unacceptable risk.
- I understand some risks always exist with anesthesia and/or surgery and I have had the opportunity to discuss any concerns I have about those risks before the procedure(s) is/are initiated. By presenting the feline for surgery, I accept the risks that any underlying health problems could complicate recovery and/or survival from anesthesia and/or surgery.
- I understand FAS does not conduct pre-operative blood tests and the feline may have unknown disorders of the liver, kidney, blood, and/or other system that may increase the anesthetic risks.
- I understand the feline will receive a small tattoo to show it has been sterilized.
- I understand the feline will be ear-tipped, where 1/4-1/2" of the left ear tip will be permanently removed so they can be recognized as sterilized from a distance.
- Any post-operative complications will require additional medical care at a local emergency clinic. FAS does not provide this service but can provide referrals. FAS will not be responsible for any medical costs incurred.
- I understand there is a risk that the feline may be exposed to infectious diseases while here for surgery and that FAS will not be responsible for the diagnosis or treatment of any infectious diseases.
- I understand that in the event our doctor of veterinary medicine (DVM) discovers painful, dangerously infectious, or life-threatening diseases, the feline will be humanly euthanized. This will be at the discretion of the DVM.
- I understand that all felines must be presented in a sound and secure carrier or trap.
- I understand that FAS reserves the right to keep felines under the age of 12 weeks.
- I understand the feline MUST be picked up on the same day as surgery, at the time designated by FAS, and that felines left overnight will be assessed a \$30 per night boarding fee. The boarding fee will be charged for the day of surgery and each subsequent day the feline is unclaimed. Unclaimed felines will be considered abandoned and will property of FAS after 3 days.
- I understand that if the feline is not considered to be feral/semi-feral, FAS will not complete the surgery and the owner/agent will be called to pick the feline up. If the feline is not picked up, we will consider it a stray and will follow our standard procedures.

I release FAS, its veterinarians, agents, and representatives from any and all liability that may arise from surgery on the above-named animal, including without limitation injury, escape, or death.

I HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS SET FORTH ABOVE. MY SIGNATURE ON THIS FORM INDICATES THAT ANY QUESTIONS I HAVE REGARDING SURGERY HAVE BEEN ANSWERED TO MY SATISFACTION, AND I AM WILLING TO PROCEED.

Signature
(must be a least 18 years of age)

Date