



Humane Society of Greater Miami Canine Surgical Consent Form

Staff Use Only

Pet's Weight

| | | | |
|-------------------------|---|----------|--------------------------|
| Owner's Name: | Date: | Sex: M F | <input type="checkbox"/> |
| Address: | Pet's Age: | Color: | <input type="checkbox"/> |
| City: | Breed: | | <input type="checkbox"/> |
| State: Zip: | Pet's Name: | | <input type="checkbox"/> |
| Emergency Phone Number: | Proof of Rabies Vaccination : | | <input type="checkbox"/> |
| Email: | Yes <input type="checkbox"/> No <input type="checkbox"/> Exp. Date: | | <input type="checkbox"/> |

I hereby consent and authorize the performance of the following procedure:

Spay (Female) ☐**Neuter (Male) ☐**

I understand that anesthesia and major surgery requires some element of risk. Any illness or condition known or unknown may complicate surgery and/ or recovery. As the owner, I AM RESPONSIBLE for informing the Humane Society of Greater Miami before the surgery of any known pre-existing conditions, illnesses, allergies, medications, status of immunity, age, health, and any behavioral problems that may be relevant, as well as COMPLYING WITH PROPER PRE-SURGERY FASTING. I understand that the Humane Society of Greater Miami is not liable for any reaction to surgery or anesthesia. I also understand that if my pet does have a reaction to surgery or anesthesia, any expense incurred at this clinic or a private clinic or emergency clinic will be borne at my own expense. If I chose to come back to the Humane Society clinic and my pet requires additional sedation, there will be an additional fee.

Initial: _____

I understand that a rabies vaccination is required by law. If I do not show proof of rabies vaccination at check-in, my dog will be given a rabies vaccination and I will be responsible to pay for it. Rabies certificate is the only valid proof.

Initial: _____

If fleas and/or ticks are found on my dog, the Humane Society of Greater Miami reserves the right to treat my dog at my expense (\$15 to \$ 25 depending on weight of dog) to minimize the risk of infesting other animals in the facility.

Initial: _____

For all items below that I mark accept, I agree to pay all the fees associated with those items:

Heartworm disease can increase anesthetic risk. If your dog is not currently on heartworm preventative and/or has not been previously tested within the past 12 months, we recommend a Heartworm test prior to surgery. The cost for the test is \$25.00. If the test is negative, then heartworm prevention is available and strongly recommended. Prices vary depending upon product and dog's weight.

Accept: _____ Decline: _____

We also strongly recommend the following (if your dog is not current), please initial either accept or decline for each item.

| | | | |
|-----------------------------------|---------|---------------|----------------|
| Canine 4-in-1 vaccine (DA2P-P) | \$25.00 | Accept: _____ | Decline: _____ |
| Bordetella vaccine | \$15.00 | Accept: _____ | Decline: _____ |
| Microchip (includes registration) | \$10.00 | Accept: _____ | Decline: _____ |
| Nail Trim | \$5.00 | Accept: _____ | Decline: _____ |

I AM CERTIFYING THAT ALL FOOD WAS TAKEN AWAY FROM THIS ANIMAL AT LEAST 12 HOURS AGO. If I am not certain of this, I must inform the Humane Society prior to surgery as there is a much higher risk to the animal both during and after the surgery

Initial: _____

By signing below, I agree that the detailed information regarding post-surgical care (on a separate sheet) was given to me and that I understand all the necessary care required on my part. All dogs must arrive and leave on a suitable leash.

Initial: _____

I understand that no animal may be kept overnight in this facility. **If my animal is not picked up by 4 P.M., I may incur a fee (\$20-\$50) for overnight hospitalization.**

Initial: _____

I understand that additional fees (over and above the regular spay/neuter fees) may be incurred for the following. These may or may not be evident at the time I drop the animal off for surgery.

| Additional Service: | Price: | Initial: |
|---|--------|------------|
| In heat or pregnant female or undecended testicle(s) in a male | | \$20-\$100 |
| Infected uterus (Pyometra)- depends on severity and need for additional drugs | | \$50-\$500 |
| Aggressive/ difficult to handle animal- determined by Humane Society staff | | \$50 |

Acknowledgement Statement:

The Humane Society of Greater Miami recommends pre-surgical evaluation of your animal through the use of diagnostic tests. Diagnostic tests (such as blood work, urinalysis, and EKG) are used to reveal underlying health conditions and to evaluate the current health of your animal. This information allows a veterinarian to make decisions about anesthetic protocol, treatments needed prior to surgery, medical support during surgery, and whether it is in your animals best medical interest to even have surgery.

The Humane Society of Greater Miami also recommends that your animal receive an intravenous (IV) catheter and IV fluids during surgery. This allows for proper regulation of blood pressure and organ perfusion. If a respiratory/ cardiac event occurs, the catheter becomes a lifeline into the circulatory system for the delivery of life saving drugs. As a low cost spay/neuter clinic, we cannot provide these services. However, all of these services can be performed by most private veterinarians.

By signing this acknowledgement, you the owner are stating that you have been made aware that the above recommendations will not be provided and that you the owner will not hold the Humane Society of Greater Miami liable/responsible for any complications that may arise. I also understand that the doctor(s) and/or staff has the right to refuse any product or service for any reason.

I have read and understand this authorization. **I further agree that I (or whoever will be picking up this animal following surgery) will be prepared to pay any additional fees that may have been incurred.**

Signature of owner or agent

Humane Society Representative or witness