



150 Dexter Road · Spartanburg, SC 29303 · 864-583-4805

**Authorization for Anesthesia
for Spay & Neuter Surgery**

Client's Name (s) _____ (PRINT)

Pick up today
Between 4:00-5:00

Pet's Name (s) _____ (PRINT)

I, the undersigned owner, or agent of the owner, of the pet(s) identified above certify that I am at least eighteen years of age and authorize the veterinarian(s) at Spartanburg Humane Society Spay and Neuter Clinic to perform the spay or neuter (sexual sterilization) surgery. I understand that risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinary staff before the procedure(s) is initiated.

My signature on this form indicates that I confirm the following:

- My pet has not eaten breakfast this morning
- I believe my pet is in good health

My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- Sufficient details of the procedures that will be performed
- The length and type of follow-up care and home restraint required
- The most common and serious complications

My signature on this form indicates that I am aware of and understand the following:

- My pet may be exposed to illnesses while at the Spartanburg Humane Society
- This clinic does not perform any pre-surgical blood work as a standard procedure
- My pet will receive a brief physical exam before surgery
- If no veterinary record showing proof of current vaccinations is presented, my pet will be vaccinated today for rabies and distemper/parvo
- On occasion vaccines may cause an unexpected adverse reaction
- **My pet will receive a pet identification microchip**
- If my pet has the following conditions including, but not limited to, being in heat or pregnant, recently having a litter, or if my pet is over 6 years old there is a higher surgical risk
- If my pet has a pre-existing medical condition including, but not limited to, heartworms, FIV, FIP or FeLV there is a higher surgical risk
- Our veterinarian has the right to refuse surgery/services if it is deemed a health risk

My signature on this form indicates I agree to pay \$6.00 per cat or dog under 44 pounds for a Frontline Plus treatment if my pet is found to have fleas or ticks. If my dog is 45-88 pounds, I agree to pay \$10. If my pet is 88 lbs. or over, I agree to purchase at regular shelter pricing.

I agree, if my pet develops signs of sickness of a contagious disease, after the surgery, I am responsible for any of the treatment(s) or medicine(s) for my pet(s).

Has your pet ever been aggressive towards humans? Yes ____ No ____

Has your pet ever been aggressive towards other animals? Yes ____ No ____ If yes, what kind _____

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

Signature of Owner or Rescue Group Representative

Date

SHS Staff Initials

If we need to contact you, list phone number(s) for you