

CONSENT AND WAIVER FOR SURGERY AND TREATMENT

Please answer the following questions, if known, concerning your pet.

Please mark if symptom has occurred and when: _____

- | | | | | | |
|--|-----------------------------------|--|--|---|--|
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Poor appetite | <input type="checkbox"/> Weight loss | <input type="checkbox"/> Increased thirst unrelated to exercise | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Coughing | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Panting unrelated to exercise | <input type="checkbox"/> Hives | <input type="checkbox"/> Facial swelling |
| <input type="checkbox"/> Allergic reaction | <input type="checkbox"/> Lethargy | <input type="checkbox"/> Increased urine | <input type="checkbox"/> Blood in urine or feces | <input type="checkbox"/> Other _____ | |

How long have you owned this animal: _____ Days _____ Weeks _____ Months _____ Years

If female, when was the last heat cycle? _____ Is she pregnant? No Yes Unknown

Has this animal been medicated in past month? No Yes If yes, what? _____

Do you use flea/tick products? No Yes If yes, what _____ and when was it last used? _____

Has this pet been sick or examined by a veterinarian within past month? No Yes _____

I, being of legal age and responsible for the animal described above, as the owner or agent of the owner, have the authority to grant the Humane Society of Tampa Bay, Inc, and its staff members including the Spay/Neuter Clinic and veterinarians, volunteers, Board of Directors or agents (hereinafter "HSTB") my consent and I hereby give such consent to receive, transport, prescribe for, treat and/or perform sterilization surgery or other procedure upon the animal named above. I have fully disclosed all known pertinent medical history of the animal named above to the best of my ability. To my knowledge the animal is in good health and has had no food or treats since 12:00 midnight unless otherwise instructed by HSTB.

I understand that reasonable precautions will be used against injury, escape, or destruction of the animal. I have read the HSTB's general post-operative surgical instructions handout and had the opportunity to ask questions about these procedures. I agree to follow the HSTB's emergency procedures in the event of an emergency. I understand the HSTB is not responsible for any medical and/or veterinary expenses incurred by myself, the Owner, after the sterilization surgery and/or other treatment provided by HSTB if not authorized by the HSTB. I agree to indemnify and hold harmless the HSTB from any and all claims, damages, and causes of action that may arise from the procedures or operations to be rendered, and from other medical care arising there from. I hereby waive any and all claims, suits, demands or any causes of action or damages against the HSTB in the event of injury, sickness or death to above described animal.

I have been advised as to the nature of the procedure or operation and the risks involved to my satisfaction and I realize that no guarantee or warranty can ethically or professionally be made regarding the results. I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy). I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian. I understand that the standard practice of an ear tip on a feral cat will be performed.

I understand the risks and complications associated with anesthesia and surgery. I understand that during the performance of the foregoing procedure or operation that unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure or operation or different procedures or operations than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedures or operations as are recommended and desirable in the exercise of the veterinarian's professional judgment. I also acknowledge that complications may develop during surgery or post-surgically and that I assume responsibility for all post-operative care and veterinary expenses incurred as a result of such surgery.

I understand that all animals must be picked up from the clinic on the same day as surgery. I agree to pick up my pet at the time specified and I understand that if I fail to do so, I will be responsible for late discharge fees and/or overnight boarding fees. If I, or my specified agent, does not claim the animal, I understand that after 24 hours that animal will be considered abandoned and the animal will be disposed of in accordance with policies established by HSTB. I understand that once any animal has been abandoned, I relinquish all ownership rights and I will be held responsible for any and all medical costs including boarding expenses.

The undersigned has read all of the terms of this consent form and understands, accepts and agrees to be bound by the above conditions.

Owner or Agent Signature

Date