



## People for Animals, Inc.

*A non-profit Animal Welfare Organization  
& Low Cost Spay/Neuter Clinic*

401 Hillside Ave, Hillside, NJ 07205  
<http://pfa.petfinder.org>  
973-282-0890 – Fax 973-282-0894

### **SURGICAL CONSENT FORM**

Name: \_\_\_\_\_

Female      Male      Cat      Dog

I hereby consent and authorize the doctors at the People for Animals Spay/Neuter Clinic to receive, prescribe for, treat and operate on my pet.

I understand that if my pet must receive any additional medication that there will be an additional charge. I understand that there are inherent risks related to the use of anesthetic and surgical procedure, although all reasonable precautions will be taken. I assume all risks and I release People for Animals, Inc from all liability. After surgery, for at least ten days, I will confine my pet in a quiet area away from children and other animals. Dogs will be walked on a leash and cats will be kept inside.

If I am late picking up my animal, causing the clinic to remain open past the usual closing time, I will be charged a fee of \$25. If I do not pick up my pet at the designated time of discharge, the animal may be considered abandoned and brought to an emergency facility for overnight care at my expense. If the animal is not claimed after 10 days, it will become the property of People for Animals, Inc to do with as it sees fit. Doing so does not relieve me from paying all costs incurred by People for Animals that are associated with my pet. If a surgical emergency arises, People for Animals, Inc. will use the emergency telephone number that is provided below to contact me. In the event that I cannot be reached in a timely manner, I authorize People for Animals, Inc. to transport my pet to an emergency facility that is best equipped to treat my pet.

I assume all financial responsibility for any additional medical or emergency postoperative treatment.

I understand that People for Animals recommends the purchase of an Elizabethan collar for the purpose of preventing my pet from chewing at the incision area. If I choose not to use an Elizabethan collar, I am responsible for any emergency care that may be needed.

To my knowledge, my pet has not bitten anyone within the last ten days.

I understand that there are risks involved with anesthesia and accept that death or prolonged illness may result, especially if my pet is in compromised health whether known or unknown prior to surgery.

I understand that the Spay/Neuter package I have purchased for my pet includes a charge for medical waste as well as injectable penicillin and/or pain medication if indicated.

I understand that my female pet will receive a tattoo on her abdomen which will serve as a lasting indication that she has been altered.

\_\_\_\_\_ *If initialed here, I also authorize surgical repair of my pet's umbilical hernia for an additional fee.*

I have read the foregoing, and I understand and agree to its contents.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Emergency telephone # \_\_\_\_\_