



**LOW-COST SPAY/NEUTER CLINIC
SURGICAL AND ANESTHETIC RELEASE FORM**

OWNER/CAREGIVER NAME: _____ PET'S NAME: _____
ADDRESS: _____ BREED: _____
CITY/STATE/ZIP: _____ AGE: _____ GENDER: male / female
PHONE: _____ COLOR(S): _____ WT: _____

I, as owner or agent for the owner of the above named pet, hereby request and authorize the Atlanta Humane Society Low-Cost Spay/Neuter Clinic, through whomever veterinarians they may designate, to perform the spay or neuter for which the above described animal is admitted on this date.

PLEASE READ ALL OF THE FOLLOWING!

1. Has your pet had any food since midnight the evening before surgery? O Yes O No Initial: _____
2. Do you have any health related concerns regarding this pet? O Yes O No Explain: _____
Is this pet on any medications? O Yes O No Explain: _____
3. The Atlanta Humane Society veterinarians have the right to refuse surgical service to any animal to which surgery is deemed a health risk. Is your pet currently showing signs of illness? O Yes O No
4. Does this pet have a current Rabies Vaccination? O Yes O No (PROOF MUST BE PROVIDED DURING CHECK-IN: WE WILL NOT CONTACT YOUR LOCAL VETERINARIAN TO OBTAIN THIS INFORMATION!)
5. While pregnant animals are typically not serviced through the low-cost spay/neuter program, in the event that it is determined that a pet is pregnant while sedated, we will spay the pregnant animal. However, please understand that spaying a pregnant animal will terminate the pregnancy!
6. Any anesthetic procedure involves a risk, although low, of complications including, but not limited to allergic reactions, cardiac arrest, and death.
7. Post-operative care instructions must be followed closely. Your pet should recover without difficulty if all after care instructions are followed.
8. Do NOT give your pet over the counter pain medications such as Motrin and Aspirin as they can be toxic to your pet. We will provide your pet with an initial pain injection and an optional three day post-operative supply.
9. AHS veterinarians recommend that all patients receive 72 hours of additional pain medication. Cats and dogs weighing less than 5 pounds will receive this in the form of a sustained release injection. Dogs weighing over 5 pounds will take home oral medication to be given once daily for three days, starting the day AFTER surgery. This is OPTIONAL with an additional nominal charge. Do you wish to pay an additional fee for your pet to receive a 3 day supply of pain medication? O Yes O No Initial: _____
10. For the protection of your pet, all vaccinations, a negative heartworm test and heartworm preventative should be current.
11. It is important that we are left with viable phone numbers in the event our staff needs to contact you during your pet's visit.
12. Effective 1.01.2012 all pets spayed/neutered through the Atlanta Humane Society Low-Cost Spay/Neuter program will be given a small tattoo near the incision site to verify that the pet has already been altered. **This is mandatory and may NOT be opted out of.**
13. I authorize AHS veterinarians to perform additional MINOR procedures (hernia repair, extraction of retained and/or baby teeth) that they may deem necessary. O Yes O No Initial: _____

NOTES: _____

I hereby release the Atlanta Humane Society low-Cost Spay/Neuter Clinic, its veterinarians, assistants, all of its employees, directors, officers and volunteers from any and all claims arising out of or connected with the performance of this operation or procedure. I agree that I have and will not claim any right to compensation from them connected with the performance of this procedure.

By signing below I acknowledge that I am the owner or agent owner of this animal and have the authority to execute consent.

By signing below, I acknowledge that I have read, understand, and agree to the information above.

OWNER/CAREGIVER SIGNATURE: _____ Date: _____

In Addition: I understand that if my animal is not picked up by the end of the scheduled day of surgery (unless other arrangements were made by AHS management), then my animal will be considered abandoned. My animal will then be transported to Fulton County Animal Services, where it will be my responsibility to retrieve my pet according to their policies and procedures.

Signed: _____ Date: _____