



Consent for Surgical and/or Wellness Services

Thank you for bringing your pet to the Arizona Humane Society for veterinary services. We are committed to providing the very best care to every animal that enters our doors. Please complete this form to help ensure we are delivering the best care to your pet.

→ Enter your name I, _____, am at least 18 years of age, and as the legal owner of this pet, give the Arizona Humane Society, its veterinarians, employees, volunteers, representatives, or agents, authorization to receive, vaccinate, prescribe for, treat, and operate upon my pet. I understand and acknowledge that the Arizona Humane Society uses modern techniques and trained staff in the care of my pet(s) and that reasonable precautions are used to prevent escape or injury to the animal or the handler(s).

I acknowledge that my pet has no known medical conditions, including pregnancy, which would prevent him/her from receiving a vaccination today. I understand that the limited physical examination the veterinarian will perform today is used solely to determine whether or not the patient appears healthy enough to proceed with anesthesia and/or receive vaccines. This exam is not meant to replace an annual complete physical exam, and will not include testing my pet for any diseases or diagnosing/treating my pet for any past, current, or future condition. The veterinarian cannot address medical issues unrelated to surgery and/or the administration of vaccines at this time. I further understand that the attending veterinarian may refuse to perform surgery and/or any vaccination if he/she believes it may endanger my pet's health in any way.

I understand that if my female pet is in-heat or pregnant and undergoing sterilization, the procedure may be more complicated and there can be a greater risk of post-surgical bleeding due to an increased blood supply to the uterus. If this is the case, I acknowledge that I will be charged a high-risk fee of \$25.

I understand that the Arizona Humane Society recommends that all cats be tested for Feline Leukemia Virus and Feline Immunodeficiency Virus. I understand that if my cat is already infected with one or both of these diseases, the vaccination he/she receives today is not a treatment or cure for any pre-existing condition.

To my knowledge, my pet has not previously had an adverse reaction to a vaccine or medication. I understand and acknowledge that a surgical complication and/or an adverse reaction to medications or vaccine(s) may occur that would require medical intervention by the staff veterinarian. If additional treatment is needed beyond the initial intervention, I acknowledge that I am responsible for transporting my pet to a private veterinary clinic. I agree to pay all reasonable charges for procedures deemed necessary by the attending veterinarian to maintain a reasonable quality of life for my pet in this instance. I acknowledge that less immediate complications can also arise and that I will receive aftercare instructions.

I agree on behalf of myself, as well as my personal representatives, executors, successors, or any other agents, to hold harmless the Arizona Humane Society, its officers, employees, volunteers and their agents from all losses, suits, damages, or costs arising from surgery as well as the care, treatment, or transport of my pet(s) including, but not limited to personal injury, damage to property or pets, or costs and fees incurred in the health and care of my pet.

I understand that should my pet require post-operative care that is not a result of a surgical complication, I will be charged a \$25 office recheck fee as well as any additional costs associated with the treatment plan.

I will be informed of any changes in the proposed care and treatment of my pet, as well as any change in the condition of my pet. If I cannot be reached and/or an emergency situation arises, the hospital doctor(s) and staff are to use sound medical judgement in the care of my pet. I am to be informed of the discharge date for my pet, and will be expected to pay all charges in full upon the release of my pet. **Should my pet be left in the hospital beyond the discharge date without prior arrangements, I understand I will be charged a \$60 late fee or \$100 overnight fee, whichever is applicable.** I further understand that if I fail to contact AHS in this case, abandonment procedures will be initiated as outlined by Arizona State Law, and that I will be fully responsible for all accrued charges until my pet is removed from the hospital or considered abandoned by Arizona State Law.

Initial → _____ I understand that my pet will receive a small tattoo on his/her underside to show that he/she has been sterilized.

Initial → _____ The Arizona Humane Society understands that a visit to the veterinarian can be stressful for a pet. As a result there is a chance that a complete exam may not be possible until my pet has been sedated. Although anesthesia in a healthy pet carries low risk, a small percentage of pets may have an underlying medical condition (such as a heart murmur) that may not be detectable without performing a thorough physical examination. I understand these risks and authorize the Arizona Humane Society to examine my pet under anesthesia if they are unable to complete a physical exam prior to sedation.

Initial → _____ To the best of my knowledge, my pet has not bitten any person within the last 10 days. I understand that if he/she has bitten someone within 10 days, I must inform the staff of the bite history.

Initial → _____ I understand that if an unforeseen event/emergency situation occurs or a medical condition is discovered that requires urgent immediate medical treatment, I agree to pay all appropriate charges authorized by the attending veterinarian to maintain a reasonable quality of life for my animal.

I have fully read, understand, and agree to these conditions.

Sign → Signature _____

Date _____