



clinic/shelter address:
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Consent Form

Owner's Name: _____ Pet's Name: _____

Dog Cat Male Female

I am the owner of agent for the owner of the above named pet and have the authority to execute this consent. I do consent and authorize the following procedure (s):

- Spay/Neuter
- Dental Services

I understand that my pet will be under a general anesthetic. I consent that should it become clear during the course of surgery that other procedures are necessary, I agree to pay for those procedures. This can include, but is not limited to:

- Non-descended testicle
- Pregnancy or in heat
- Hernia Repair

Animal Samaritans SPCA will be responsible for re-check of surgical incisions resulting from spay or neutering done only at Animal Samaritans SPCA. Animal Samaritans SPCA is not responsible for an animal's medical condition resulting from prior or recently demonstrated symptoms of injury, illness, disease, malnutrition, dehydration or potential disease or illness resulting from contact with other animals. The owner or agent is advised that if the animal is lethargic, not eating well or not drinking, shows symptoms of illness, disease or has been injured, the owner or agent is advised to take the animal(s) in such condition to a full service animal hospital and seek advice and/or treatment of a full service veterinarian prior to spay or neuter surgery. The owner or agent is responsible for the spayed or neutered animal after care and is advised to follow post surgical directions. If, following surgery, the animal becomes lethargic, refuses to eat or drink vomits, bleeds or acts disoriented or appears to be ill, the owner or agent is advised to take the animal to Animal Samaritans during regular business hours for free examination. After business hours the owner or agent is advised to take the animal to a full service or emergency veterinarian for advice and/or treatment. I agree that Animal Samaritans SPCA or Animal Samaritan SPCA veterinarian will not be held responsible for other veterinarian costs associated with the care of the animal whether the owner or agent believes such costs are associated with surgery performed at Animal Samaritans SPCA.

I request and authorize the Animal Samaritan SPCA's Doctor of Veterinarian Medicine to perform spay or neuter surgery, and other procedures that may be found necessary in the course of the surgery. I understand that all precautions will be taken to safeguard my pet's life and health, but I understand that there is some risk to surgery, including infection at the surgical site, torn or released sutures, skin rash, temporary lethargic condition, and loss of appetite and in rare circumstances, possible death. I release Animal Samaritans SPCA and the Veterinarian from any claim or liability from the surgery and any and all claims for reimbursement for costs associated with the care of the animal whether the owner or agent believes such costs are associated with surgery performed at Animal Samaritans SPCA. I understand that if I abandon my pet, Animal Samaritans SPCA will be authorized to take over ownership of my pet as provided by California law. I agree that payment for veterinary services will be made in advance by cash or credit card.

I hereby certify that my pet's vaccinations are current or are being given today or I have signed the Vaccination Waiver, that my pet is in good health, and that my pet is not currently under any medications from other veterinary care.

My signature below indicates that I have read and understood this consent form.

Signed: _____

Date: _____