



**Spay/Neuter and Wellness Clinic Locations:**  
2900 Grays Ferry Avenue · Philadelphia, PA 19146 · p. 215-298-9680  
1810 Grant Avenue · Philadelphia, PA 19115 · p. 215-545-9600  
[info@phillypaws.org](mailto:info@phillypaws.org) · [www.phillypaws.org](http://www.phillypaws.org)

### Surgery Anesthesia / Consent for Service

**FOR OFFICE USE ONLY: Animal(s) ID #:** \_\_\_\_\_

#### OWNER INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization/Rescue Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### PATIENT (PET) INFORMATION:

Name: \_\_\_\_\_ Circle one: DOG / CAT MALE / FEMALE

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Any medications your pet has received in last 14 days & why (include flea, heartworm, and over-the-counter medications):  
\_\_\_\_\_

Does your pet have any medical conditions we should know about?: \_\_\_\_\_

How long have you had this pet? \_\_\_\_\_ Where did you get your pet from? \_\_\_\_\_

List any notable medical issues/history: \_\_\_\_\_

#### Please indicate any additional treatments you would like your pet to receive today:

##### Feline:

- Microchip (\$15)
- FVRCP vaccine
- Rabies vaccine
- FIV/FELV test (\$25; \$15 for rescues/fosters)
- Leukemia vaccine (\$20)
- Hernia repair (\$25+)
- Flea Treatment (\$9)
- Other issue to be evaluated (\$20+):  
\_\_\_\_\_

##### Canine:

- Microchip (\$15)
- Distemper vaccine  Lepto
- Rabies vaccine
- Bordetella vaccine (\$15)
- Heartworm test - 4DX (\$30)
- Hernia repair (\$25+)
- Flea Treatment (\$11)
- Anal glands expressed (\$10)
- Other issue to be evaluated (\$20+):  
\_\_\_\_\_

#### SURGICAL CONSENT:

I am the owner or authorized agent of the pet(s) named above and I am at least 18 years of age and have the authority to execute this contract. I hereby give PAWS, its veterinarians, authorized agents, staff, and representatives' consent and authority to perform surgery on the animal(s) named above. I have been informed that there are certain risks and complications associated with any operation or procedure, however rare, including injury and death. I further understand that during the course of the operation, unforeseen conditions may arise that may necessitate the

performance of additional procedures. I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure, and I understand that there are risks associated with the use of any medication. I further understand that support personnel, including clinic staff, volunteers, and veterinary students, will be used as deemed appropriate by the veterinarian.

- I certify that my animal is in good health and that **if it is over six months old that it has not eaten since 10PM last night.** [\_\_\_\_\_] PAWS representative initials: verbally confirmed with pet owner that animal has been fasted.]
- I understand that my animal will receive an approximately 1cm green tattoo on its abdomen as part of the spay/neuter surgery today. This may appear darker immediately after surgery but will fade to a faint line. This tattoo will provide an easy way to identify my animal as "sterilized," in order to prevent unnecessary future surgeries.
- I understand that PAWS has the right to refuse service to any animal for whom surgery is deemed by a veterinarian to be at risk for surgical complications or other health risks.
- I understand that PAWS may not perform a complete physical examination before surgery is performed, and that my animal will not receive pre-operative blood work unless an appointment was made prior to surgery.
- I understand that some conditions significantly increase surgical risk, including but not limited to, pregnancy, heat, and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and heartworm.
- I understand that if my animal is pregnant, the pregnancy will be terminated during surgery.
- I understand that if my animal has an open umbilical hernia, it will be repaired at time of surgery at an additional **minimum charge** to me of \$25.
- I understand that if my animal is pregnant, in heat, has an undescended testicle (Cryptorchid), or any other abnormality, there will be an additional minimum charge to me of \$25-100. This is due to additional surgery and anesthesia time required to perform the procedure.
- I understand that if I don't retrieve my pet(s) at the agreed upon time I will be charged a boarding fee of no less than **\$50 per night.** I further understand that if I do not claim my pet within two days of discharge time, PAWS can assume that I have abandoned my pet and is authorized to dispose of or re-home the animal as they deem best, humane, and necessary. I will remain responsible for any treatment and boarding costs.
- I understand that if I pick up my pet past the agreed upon pickup time, I will be subject to a **\$25 late fee.**
- I understand that if my pet is found to have fleas or other parasites, he/she will be treated at my expense. This is to ensure the safety of all animals at PAWS.
- I understand that PAWS provides an e-collar and nail trim as part of every surgery (male cats are not given e-collars) The collar must remain on as instructed to help prevent post-operative infection, and that if I say I have one at home and do not take one and/or fail to ensure that my pet wears it properly, I will be financially responsible for any infections or complications that may arise as a result.
- I understand that qualified veterinary students supervised by veterinarians may perform all or part of surgical procedures.

I hereby release PAWS, its veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions my pet may have to vaccinations, medications, or anesthesia. I will not hold PAWS, its veterinarians or any team member liable for any complications that may arise. I further agree to indemnify and hold PAWS harmless for any damages caused during the transportation or treatment of the animal, and for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

I agree to pay in full for services rendered today at the conclusion of my visit, and I understand that PAWS does not offer any payment plans, credit, or client account. PAWS accepts cash and all major credit cards.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS SURGERY / ANESTHESIA CONSENT FORM AND I AGREE TO PAY ANY INCURRED CHARGES IN FULL WHEN MY PET IS DISCHARGED.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_