



# SANDI PAWS RESCUE

## TRANSPORT & SURGICAL RELEASE FORM

**\*All cats must arrive in secure carriers and all dogs on a leash\***

**Please do not send any personal belongings with your pet.**

**Please have your pet clearly labeled (collar or on carrier).**

Clearly Print Animal's Name: \_\_\_\_\_

Species: Dog \_\_\_\_\_ or Cat \_\_\_\_\_ Sex: Male \_\_\_\_\_ or Female \_\_\_\_\_

Owner's name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**I understand the following:**(Please initial each box)

_____	On Spay/Neuter days, the veterinary staff will focus specifically on the spaying and neutering of healthy animals with normal anatomy and will not be performing a complete health examination on the animal. If you have additional medical concerns, please let the spay/neuter coordinator know.
_____	No advanced diagnostics will be performed prior to surgery. Some medical conditions, which may increase the patient's risk, may not be detected/detectable without such testing. I am solely responsible for informing the spay/neuter coordinator of any preexisting conditions.
_____	All surgeries and the use of anesthetics and drugs present some risk of complication, possibly including injury or death. Every reasonable precaution and the best possible medical care will be exercised. This may include the decision not to perform surgery at the veterinarian's discretion.
_____	If in the course of the procedure a condition is discovered that requires medical attention or an additional procedure, such as hernia repair or the administration of IV fluids, the attending veterinarian may, in his/her absolute discretion, perform such procedure. I consent to these procedures and agree to pay reasonable additional charges, if any.
_____	<b>Unposted Fees:</b> In some instances, charges for services rendered may still be in the processing stage when I pick my animal up. I agree to pay for these charges when the final invoice is available.

**ADDITIONAL PROCEDURES & ADD ON SERVICE AUTHORIZATION**

If there are any additional necessary medical procedures such as the removal of retained testicles, removal of retained teeth, umbilical hernia repair, ear infections, etc., I request the following:

**MUST CHOOSE ONE** – *Failure to choose will default to Veterinarian discretion*

- A. \_\_\_\_\_ Perform any necessary procedures, I give full consent.
- B. \_\_\_\_\_ Perform any necessary procedures up to \$200, I give full consent.
- C. \_\_\_\_\_ Perform any necessary procedures up to \$100, I give full consent.
- D. \_\_\_\_\_ Perform any necessary procedures up to \$50, I give full consent.
- E. \_\_\_\_\_ Perform any necessary procedures up to \$25, I give full consent.
- F. \_\_\_\_\_ Do NOT perform any additional procedures

Consent form and waiver:

I request that Precision Veterinary Clinic provide services for my animal. I agree to waive any or all claims against Precision Veterinary, Sandi Paws Rescue, SPR Waggin' Wheels, Inc, the officers/coordinators, employees and volunteers in the event of escape, injury, complications, or death of my animal. I have read, understand, and agree to the above information. I will follow all aftercare instructions provided by Precision Veterinary Clinic and/or my veterinarian. I will seek the care of a veterinarian or Precision Veterinary Clinic for any suspected postsurgical complications and bear full financial responsibility for any post-operative medical treatment relating to this procedure or any other unrelated medical problems of my animal. I hereby declare under penalty of perjury that I am the owner (or authorized agent) of the above-described animal and that I have not withheld any information regarding known pre-existing medical conditions.

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

**SPR USE ONLY:**

Paid By: Cash Check PayPal Venmo Credit Card Other: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Final Invoice Amount: \$ \_\_\_\_\_