



Neuterathon

Anesthesia and Consent Form



Your pet is going to undergo a Castration (neuter).

Right of Refusal: Any animal may be refused by the staff veterinarian for any reason as an unsuitable surgical candidate. Examples of refusal are poor health risk, lack of cleanliness, flea infestation, and poor temperament or behavior.

Risks: You should be aware that there are inherent risks, though minimal, with any anesthetic or surgical procedure performed on humans or animals. Any animal or person can react abnormally to any anesthetic procedure. When this occurs it is usually unforeseen and can not be predicted. Anesthetic complications can result in death even if resuscitation procedures are performed. Although, this type of complication is very infrequent, it can occur. There are risks with any surgical procedure. These include bleeding, infection and breakdown of the incision. Again, these complications from the above surgical procedures are uncommon, but can occur to anyone performing the above surgical procedures.

Complications: The Humane Society of Pinellas, Inc. will not be responsible for the testing of heartworms, or for any complications resulting from a pet that is positive with heartworms. Additionally, The Humane Society of Pinellas, Inc. will not be responsible for the care, treatment, or any expenses of your pet resulting from any infectious disease, such as but not limited to: Upper Respiratory infection, Ringworm, or Distemper.

Consent: I understand the nature of the procedures and operation that my pet will be undergoing and the inherent risks involved anytime an animal is anesthetized and/or surgery is performed. I understand that during and after the performance of the castration that unforeseen conditions may occur which could be detrimental to the well being of my pet. Therefore, I consent to and authorize the performance of said procedure and will not hold The Humane Society of Pinellas, Inc. or any agent or staff member liable for any complication which may occur due to the performance of any anesthetic/surgical procedure authorized by me. I also understand that hospital support personnel and/or resources will be used as deemed necessary by the veterinarian. This may include other veterinary and/or emergency medical services not located at the Humane Society of Pinellas. **I also understand that I am responsible for any additional costs that may incur due to unforeseen medical needs.**

Owner's Signature: _____ Date: _____

Phone number(s) where you can be reached: _____

Employee initial _____