



London Animal Shelter Services
1021 Wonderland Road South
Spay Neuter AGREEMENT / CONSENT FORM

First Name: _____ **Last Name:** _____

Address: _____ **City:** _____ **Province:** _____

Postal Code: _____ **Phone:** _____ **Email Address:** _____

Emergency Contact: _____ **Phone:** _____

Name	Animal ID #	Dog/Cat	Age	Sex	Breed	Colour	Other

Pertinent Medical History:

London Animal Shelter Services uses qualified staffing and veterinary-approved protocols for all procedures. It is important for you to understand that the risk of injury or death, although remote in an otherwise healthy animal, is always present just as it is for humans who undergo surgery. Carefully read and understand the following before signing your name at the bottom of this form.

I am the owner or agent of the pet named above and hereby consent to the procedures to be performed on my pet. I have the authority to execute this consent and am over the age of 18. I consent to and authorize the spay/neuter procedure, understanding the risks involved which I acknowledge as having been explained to me, and agree to pay all fees as outlined to me, prior to surgery. I acknowledge that I read and understand the English language and that this consent is being provided voluntarily by me. I either certify that my animal has been vaccinated within one year prior to this date or waive my right to protect my animal by having it vaccinated, or request recommended vaccinations at the time of surgery, understanding that it takes up to two weeks for vaccinations to protect my animal. I waive all claims arising out of or connected with related risks due to lack of vaccine coverage. I understand that if I do not show proof of current rabies vaccinations that animals over 12 weeks of age will be vaccinated today. I certify that my animal has no health concerns that I have not disclosed to you, and has had no food since 8am on the day of surgery.

I understand that London Animal Shelter Services has the right to refuse service to any animal who does not fit the physical parameters outlined on the London Animal Shelter Services website or as described to me, or to which surgery is determined to be a health risk. The importance of having pre-surgical blood work performed on my pet has been explained to me. I understand that not having this done will increase the risks involved in anesthesia and surgery. I further understand that if I have had blood work done on my pet, it does not guarantee that my pet will not have an anesthetic/surgical/vaccine complication or reaction. I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, heat and disease. I understand that if my animal is pregnant, the pregnancy will be terminated at surgery. Diseased teeth may be extracted at no additional charge. If unforeseen conditions arise which, in the judgment of the veterinarian, call for procedures or treatments other than those now being authorized, I authorize such procedures if reasonable efforts to contact me for further consent are unsuccessful. I agree to pay any resulting charges. I understand that in order to maintain hospital cleanliness all animals with fleas or ear mites will be treated at my expense. I understand that this clinic is not open after 4 p.m. or on weekends, and have researched options for emergency treatment in my area, should my pet have life-threatening complications. I accept responsibility for obtaining

emergency treatment as required and all associated costs. London Regional Veterinary Referral and Emergency Clinic is located at 41 Adelaide N, London, ON N6B 3P4 and can be reached at 519-432-3300.

Owners of pets left after the agreed time and date shall be charged a boarding fee of no less than \$30 per night. In the event that you fail to pick up your pet, your pet may be considered abandoned and will be dealt with in accordance with the abandoned animal policies established by the College of Veterinarians of Ontario.

In consideration of the delivery of the services referred to in this document, I hereby release London Animal Shelter Services, all volunteers and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto.

YOUR ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.

<u>Requested Feline Vaccines and Services</u>		<u>Requested Canine Vaccines and Services</u>	
	Rabies Vaccine		Rabies Vaccine
	Feline Distemper/Resp Vaccine		Canine Distemper/Parvo Vaccine
	Deworm (Profender)		Deworm (Interceptor)
	Revolution		Advantage
	Microchip		Microchip

Pet owner (print): _____

SIGNATURE: _____

DATE: _____

For Office Use Only

Verified Eligibility	
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