



SURGICAL CONSENT FORM

First Name: _____ Last name: _____ Dog Name: _____

Pets In Stitches uses qualified staff and approved materials for all procedures performed. It is important that you understand that your dog's risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery. Carefully read and understand the following before signing your name.

I, acting as owner or agent of the pet named above, hereby authorize Pets In Stitches to perform an operation for sexual sterilization and any other approved procedures designated below on the animal named on the above portion of this form. I understand that...

- ...I am requesting a non-traditional sterilization for my dog. Sex hormones will remain and, thus, my dog will act behaviorally and medically, for all intents and purposes, as an intact dog minus the ability to become pregnant or sire a litter.
- ...during an ovary sparing spay, if the one or both ovaries are suspected to be diseased based on visual inspection, the suspect ovary/ovaries will be removed at the veterinarian's discretion.
- ...vasectomies have a small chance of failure and, if that occurs, my male dog may sire puppies. Pets In Stitches does not provide follow-up testing to evaluated effectiveness of vasectomies. Such testing may be performed at my full-service veterinarian at my cost.
- ...if a vasectomy performed by Pets In Stitches is shown to be ineffective, Pets In Stitches will not reimburse any costs or provide any services related to testing or rendering the above pet sterile at a later date.
- ...injury to or death of my dog may result, for there are risks in the surgery and the use of anesthetics and drugs in providing this service. I accept that possibility as a necessary part of performing surgery on my dog.
- ...I certify that, to the best of my knowledge, my dog is in good health.
- ...Pets In Stitches may not perform a complete physical examination before surgery is performed. I also understand that my dog will not receive pre-operative blood work unless done prior and waive my right to have this service performed prior to surgery.
- ...dental radiography is not performed as part of a dental procedure at Pets In Stitches. I accept that abnormalities under the gum line and broken teeth fragments may not be identified and care will not be provided for those. I understand that, if I wish dental radiography to be performed to identify all dental conditions, I must seek care elsewhere for my pet.
- ...some factors significantly increase surgical risk, including but not limited to, poor healthcare prior to surgery, older age, pregnancy, heat, and diseases such as heartworms.
- ...I either certify that my dog currently vaccinated, waive my right to protect my dog by having it vaccinated, or I request recommended vaccinations at the time of surgery. I understand that it takes up to two (2) weeks for vaccinations to be protective.
- ...all fleas will be treated at the owners' expense.
- ...if my dog is pregnant, the pregnancy will be terminated at surgery.
- ...if a microchip is found in this dog, Pets In Stitches reserves the right to contact the microchipping company and registered owner/agent.
- ...if additional charges accrue, I will pay the additional balance due when I pick up my dog.

I understand that if I do not retrieve my dog on the day of surgery at the agreed upon time, that Pets In Stitches will exercise its right to either turn my dog over to the nearest humane society or handle as deemed as allowed by the State

of Ohio under ORC – 4741.30. I understand that once a dog has been abandoned, I relinquish all ownership rights and I will be held responsible for any and all medical costs including any overnight fees.

I hereby release Pets In Stitches, all veterinarians, and employees from any and all claims arising out of or connected with the performance of surgical procedure(s) or any adverse reactions from vaccinations, including complication or death before, during or after surgery. 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. I hereby agree to indemnify and hold Pets In Stitches harmless for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

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

Requested Surgical Procedures

- | | |
|---|---|
| <input type="checkbox"/> Ovary Sparing Spay | <input type="checkbox"/> Hernia Repair |
| <input type="checkbox"/> Leave only one ovary | <input type="checkbox"/> Retained Teeth Extraction(s) |
| <input type="checkbox"/> Leave both ovaries | <input type="checkbox"/> Rear Dewclaw Removal (dogs only, not attached by bone) |
| <input type="checkbox"/> Vasectomy | |
| <input type="checkbox"/> Dental | |

Requested Services

- | | |
|---|--|
| <input type="checkbox"/> Rabies Vaccine (required if not current) - \$20 | <input type="checkbox"/> Distemper/Parvovirus Vaccine - \$20 |
| <input type="checkbox"/> Take-Home Pain Medication (strongly recommended) - \$20 | <input type="checkbox"/> Kennel Cough (Bordetella) Vaccine - \$20 |
| <input type="checkbox"/> Microchip Implantation (strongly recommended) - \$50 (<i>lifetime registration</i>) | <input type="checkbox"/> Heartworm Testing (7 months and older) - \$25 |
| <input type="checkbox"/> Elizabethan Collar (plastic) - \$15 + tax | <input type="checkbox"/> Nail Trim - \$20 |
| <input type="checkbox"/> Soft Recovery Collar - \$35 + tax | <input type="checkbox"/> Ear Clean - \$20 |
| <input type="checkbox"/> Go-home sedation (for active dogs) - \$25 | <input type="checkbox"/> Ear Hair Pluck - \$20 |
| <input type="checkbox"/> Intraoperative IV fluids - \$50 | <input type="checkbox"/> Anal Gland Expression - \$25 |
| <input type="checkbox"/> Go-home worming for roundworms and hookworms - \$15 | <input type="checkbox"/> Monthly flea & tick prevention |
| <input type="checkbox"/> Monthly prevention for heartworm, roundworm, hookworm | |

I do do not have any additional questions about my pet's surgery and risks to discuss with the veterinarian.

Client Signature

Date