



SURGICAL & ANCILLARY SERVICES CONSENT FORM

RABBIT

First Name: _____ Last name: _____ Animal Name: _____

Pets In Stitches uses qualified staff and approved materials for all procedures performed. It is important that you understand that your pet'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 injury to or death of my pet may result, for there are risks in the surgery and the use of anesthetics and drugs. I accept that possibility as a necessary part of performing surgery on my pet.
- I certify that, to the best of my knowledge, my pet is in good health.
- I understand that Pets In Stitches may not perform a complete physical examination before surgery is performed. I also understand that my pet will not receive pre-operative blood work unless done prior and waive my right to have this service performed prior to surgery.
- I understand that 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.
- I understand that some factors significantly increase surgical risk, including but not limited to, poor healthcare, older age, pregnancy, heat, and pre-existing diseases and abnormalities.
- I either certify that my pet is currently vaccinated, waive my right to protect my pet 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.
- I understand that if my pet is pregnant, the pregnancy will be terminated at surgery. I accept the increased risks such as hemorrhage before and after surgery.
- If a microchip is found in this animal, 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 pet.

I understand that if I do not retrieve my pet on the day of surgery at the agreed upon time, that Pets In Stitches will exercise its right to either turn my pet 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 pet 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 PET WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.

Requested Surgical Procedures

- Sterilization (*spay/neuter*)
- Hernia Repair
- Other: _____

Individual Rabbit Services

- Microchip Implantation \$50 (*lifetime registration*)
- Nail Trim - \$20 (*free if purchasing at least \$60 non-surgery services*)

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

Client Signature

Date