**INFORMED CONSENT FOR SURGICAL PROCEDURES**

By signing below, I certify that I am the legal owner (or the authorized agent of the legal owner) of the animal described below (the “Animal”), and that no other person’s consent is required to execute this Informed Consent for Surgical Procedures (the “Authorization”).

Animal’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Species: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_ Weight:

Initial Drop-Off Deposit Required? \_\_\_\_\_\_\_\_\_\_ If yes, amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby deliver possession of the Animal to [**Name of Shelter Organization**] (together with its veterinary medical staff, the “Veterinarian”) for the purpose of performing the following procedure(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Procedures”). I consent to and grant the Veterinarian permission to prescribe, provide, and perform such further treatment, care and procedures which, in the Veterinarian’s professional judgment, are reasonable and/or necessary, including the administration of anesthesia (the “Additional Care”).

I understand that the Procedures and Additional Care may involve risk of complications, injury or even death, from both known and unknown causes, and the Veterinarian has made no warranty or guarantee, either express or implied, as to the result(s) of the Procedures and Additional Care, or with respect to the Animal’s diagnosis or prognosis. If unexpected life-saving emergency care is required in the Veterinarian’s professional judgment, the Veterinarian has my permission to provide such treatment until I can be contacted. I agree to pay for such care if it becomes necessary.

I understand that if recommended vaccine schedules have not been performed, the Animal is at increased risk of contracting or spreading preventable diseases and that I must assume all liability for such consequences.

**[*OPTIONAL – ADVANCE CARE DIRECTIVE***:

I understand that, despite standard medical support and care, any injury, illness or disease can progress, and/or that the Animal’s condition can deteriorate, to the extent that the Animal’s condition becomes critical and may require heroic resuscitative efforts or humane euthanasia. If such circumstances were to arise during the Animal’s hospitalization, and I could not be timely reached to make decisions about the Animal’s care, I request the following level of intervention, which shall be deemed a part of the “Additional Care”:

***CARDIOPULMONARY RESUSCITATION (CPR)* (*Please Choose One)*****If the Animal stops breathing:**

[ ] ***REQUEST FOR CPR.*** I direct the Veterinarian to perform cardiopulmonary resuscitation, which means that all medically-reasonable attempts will be made to resuscitate the Animal. I understand that the survival rate of animals requiring CPR is poor (less than 10%). Cost for CPR must be paid in full at the time of services (estimated cost is [**INSERT**]).

[ ] ***DECLINE CPR / REQUEST COMFORT CARE ONLY.*** I decline CPR for the Animal. Instead, I direct the Veterinarian to provide comfort care only, which could include pain management, sedation, oxygen therapy, or other supportive care in order to prevent suffering. The cost of comfort care is variable, depending on the level of support needed (estimated cost is [**INSERT**]).

***HUMANE EUTHANASIA (Please Choose One)* If the Animal is experiencing intractable pain and suffering:**

[ ] ***REQUEST FOR HUMANE EUTHANASIA***. If the Animal’s condition deteriorates such that s/he appears to be experiencing pain or suffering which cannot be ameliorated with medications or supportive comfort care, I direct that the Animal be humanely euthanized to prevent further pain or suffering (estimated cost is [**INSERT**]).

[ ] ***DECLINE HUMANE EUTHANASIA***. I direct that humane euthanasia not be performed on the Animal, without my prior consent, under any circumstances.

***END OPTIONAL ADVANCE CARE DIRECTIVE***]

**[*OPTIONAL – LATE FEE POLICY***: I understand that a late fee of **[$XX/day**] will be charged if I do not pick up the Animal by 6:00 p.m. on the day that the Procedures and Additional Care (if any) are completed. If I have not made arrangements prior to 6:00 p.m. to pick up the Animal by 6:30 p.m., the Animal will be kept overnight and additional fees will be charged. Animals staying overnight at the Veterinarian will receive minimal supervision between the hours of 6:30 p.m. and 7:00 a.m.**]**

***By signing below, I acknowledge that: (i) I have read and agree to the above; (ii) the Procedures have been explained to my satisfaction and I have all the information I require to make an informed decision; (iii) I have had an opportunity to ask questions; and (iv) I authorize and consent to the performance of the Procedures and any Additional Care (including, without limitation, the administration of anesthesia). I assume financial responsibility for all fees related to the Procedures and Additional Care and will provide payment in full at the time the Animal is discharged from the Veterinarian.***

Owner

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_