

Spay and Neuter Kansas City uses qualified staff and protocol for all procedures performed. The risk **of injury or death, although extremely low**, is present just as it is for human surgery. Underlying health problems like heart, liver and kidney diseases may be worsened. **Please carefully read, and ensure you understand, all of the information on this agreement before signing your name.**

- I, being lawfully authorized to make decisions on behalf of the Animal named/described above, hereby request and authorize SPAY AND NEUTER KANSAS CITY (SNKC), including its affiliates and each of their employees, volunteers, veterinarians and/or other agents (collectively, "SNKC Parties"), to receive, transport, prescribe for, treat and/or administer vaccinations and/or perform an operation for sexual sterilization of the Animal.
- I certify that the Animal has not bitten anyone in the last ten (10) days.
- I understand that the operation I have elected presents some hazards, and that injury to, post-operative infection in, or death of, the Animal may result, in the procedure and in the use of anesthetics and drugs provided for the procedure, as well as in any vaccines used. I understand that general anesthesia will be administered to the Animal for surgery. I understand and accept these risks to the Animal.
- I understand that it takes up to two (2) weeks for vaccinations to protect the Animal and I [choose one of the following options]:
____certify that the Animal has been vaccinated within one (1) year prior to this date; or
____waive my right to protect the Animal by having it vaccinated at least two weeks prior to surgery; or
____request recommended vaccinations at the time of surgery, as selected below, with the knowledge that the Animal will still not be protected.
- I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of, or connected with, the performance of this operation due to such failure. I understand, in particular, that if the Animal develops kennel cough or other upper respiratory infections after surgery, I am responsible for treatment at my own cost.
- I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, and diseases such as feline immunodeficiency virus ("FIV"), feline leukemia virus ("FeLV"), and heartworms.
- I understand that SNKC and/or any SNKC Party has the right to refuse any service and/or procedure to any Animal for any reason, including, but not limited to, situations where surgery is deemed a health risk. Such refusal is at the sole discretion of the attending veterinarian.
- I understand that a pre-surgery exam will be performed on the Animal when possible, but that there are times, in the attending veterinarian's sole discretion, when such an exam may only be performed after the Animal has already been sedated or anesthetized. I understand that the Animal will not receive pre-operative bloodwork at SNKC. If I choose for the Animal to have such bloodwork, I understand that it must be performed at a full-service veterinary clinic or at our clinic prior to surgery.
- I understand that if the Animal is an acceptable surgical and/or vaccination candidate, sterilization procedures and/or vaccinations will be performed regardless of the Animal's gender and/or medical condition, including but not limited to, pregnancy. I understand if the Animal is pregnant, the pregnancy will be terminated at surgery.
- If an unforeseen event/emergency situation occurs or a medical condition is discovered that requires urgent immediate medical treatment, I consent that the attending veterinarian may perform such treatment, or transport the Animal to another veterinarian for the provision of such treatment at my expense, without seeking additional authorization or consent from me.
- I understand the Animal will receive a small tattoo on his/her underside to show that he/she has been spayed or neutered. The tattoo is a scoring process in the skin – Not an extra incision.
- I will provide recovery space that is clean, indoors, warm and dry. I will provide proper post-surgery monitoring and care for the Animal and according to the Post-Operative Instructions give when the Animal is picked up. I understand that a post care e-collar will help minimize post care complications.
- I decline post care e-collar
 I am purchasing e-collar for my pet
- I do hereby forever release the said doctor, his agents, servants, assignee, or representatives from any and all liability arising from said surgery on above-described Animal. Financial responsibility to treat any complications belongs to myself, the owner of the Animal.