



AFRP

ANIMAL FRIENDS RESCUE PROJECT

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Consent for Anesthesia, Surgical Sterilization and Vaccination

I, _____, being of legal age and responsible for the animal described below, have the authority to grant Animal Friends Rescue Project and its staff members, volunteers, or agents my consent to receive, transport, prescribe for, treat and/or perform Sterilization Surgery and Rabies Vaccination upon the animal named below.

I understand that modern techniques and trained staff will be used to care for all animals, and reasonable precautions will be used against injury, escape, or destruction of the animal. It is thoroughly understood that Animal Friends Rescue Project and its staff, volunteers, and agents will not be held liable or responsible in any manner and I assume all risks.

Initial _____

I understand the above anesthetic and surgical, diagnostic or therapeutic procedures may involve risk of complications, injury or even death, from both known and unknown causes and no warranty or guarantee has been either expressed or implied as to result or cure. Furthermore, I authorize the hospital staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me.

Initial _____

I understand that if the veterinarian finds the presence of a heart murmur it may put my animal at increased risk of anesthesia and surgical complications. Unless otherwise noted AFRP will perform surgery on animals with heart murmurs.

Initial _____

If in the course of treatment a condition is discovered which requires medical attention or an additional procedure, such as hernia repair or the administration of IV fluids, the attending veterinarian may, in his/her absolute discretion, perform such procedure. I consent to these procedures.

Initial _____

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition, including pregnancy. If your animal is found to be pregnant AFRP will still spay her. I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian.

Initial _____

I understand that Animal Friends Rescue Project is not responsible for any further treatment, after care or emergencies beyond today's above described procedures. I agree to be responsible for any after care urgent or otherwise that may be needed.

Initial _____

I certify to my knowledge that this animal is in good health and has been vaccinated at least 10 days prior to this date or I understand and agree to accept the risks of failing to maintain current vaccinations. I understand if my animal does not have proof of a current rabies vaccination at time of surgery my animal will receive this vaccine. I waive all claims arising from or connected to exposure to contagious diseases at the AFRP Mobile Veterinary Clinic.

Initial _____

You acknowledge that we are a mobile unit, we cannot leave until you pick up your animal. You are receiving a subsidized service - which means it cost us more to provide this service than we are charging you. Please be respectful of our efforts by picking up your animal on time.

- I agree to pick up the animal(s) following surgery as directed. I understand that no animal can be kept overnight at this facility, and if I fail to pick up the animal(s) on time as directed, then a \$25-\$40 late fee will be charged and/or the animal(s) may be declared abandoned and handled as such.**

Animal's Name _____

Date _____

Owner's Printed Name _____

Owner's Signature _____