



Surgery Consent Form

Please print clearly

Your Name: _____ Appt. Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Day time ph: _____ Evening ph: _____ Cell ph: _____

(Circle one)

Pet's name: _____ Approx age: _____ Gender: M / F Color: _____ Breed: _____

E-mail: _____

Services Requested

- Spay (females) Neuter (males) Declaw (cats only) Rabies Distemper combo
- Eartip (ferals) Flea/tick treatment Ear Mite treatment Deworm (Internal Parasites)
- Feline Leukemia Test Feline Leukemia/FIV Combo Test

Was your pet recently treated for fleas and/or ticks? _____ Date _____ Product used _____

General Information

- How did you acquire this pet? Adopted from Forgiven Felines & Fidos stray
 Friend/relative/neighbor TNR (trap, neuter, return) cat Other _____

I appreciate your organization's efforts to help the animals and would like to make a donation:\$ _____

I believe that my pet is healthy and has no known health issues currently. Because this is a low cost program, I am aware that no physical exam will be conducted on my pet prior to administrating anesthetic drugs and surgery.

I understand the anesthetic and surgical procedures may involve risk of complication, 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 Forgiven Feline 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. I agree to assume financial responsibility for all routine and emergency services rendered. In the event of complications I will not hold Forgiven Felines and Fidos, their staff nor their veterinarians conducting the surgery responsible. I will be responsible for all expenses incurred with this pet after it is discharged.

I am also aware that if Forgiven Felines staff finds evidence of fleas, ticks, earmites, lice or internal parasites they will treat the pet accordingly and I will be responsible for all costs of medicines used or administered. This cost will be collected on discharge of the pet.

Your signature below indicates your acknowledgement that you have read and agreed to the above procedures and that you have all the information you desire and you have had a chance to ask questions and you authorize and consent to the performance and administration of anesthesia.

Present this completed form and payment when you drop off your cat for surgery.

All animals MUST be picked up at the times given you by the Forgiven Felines Staff. No exceptions and boarding fees will be added for late pick-ups. Abandonment of an animal is a criminal offense.

Signature of owner or caretaker

Date