



Client Name: _____ Pet Name: _____

Please carefully read and understand this anesthetic consent before signing your name.

- I, acting as owner or agent of the pet named above, hereby and authorize Ontario Spay and Neuter, through whomever veterinarians they may designate, to perform a surgical procedure on the animal named on the above portion of the form.
- I, acting as owner or agent of the pet named above, certify that I am 18 years of age or over.
- I understand that the operation presents some hazards and that the injury to or even death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service. I certify that my animal is in good health and has had no food since 11:59pm the evening prior to surgery (if older than 3 months).
- I understand that Ontario Spay and Neuter has the right to refuse service to any animal whom surgery is deemed a health risk.
- I understand that Ontario Spay and Neuter may not perform a complete physical before surgery is performed. Pets that are aggressive and/or feral will not be examined prior to anesthesia.
- I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, heat, and diseases such as feline immunodeficiency viral infection, feline leukemia viral infection, and heartworms. I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.
- I understand that my signature below is consent for transport of my pet if necessary, performing surgical mark, and my pet's name, picture, and medical history to appear in Ontario Spay and Neuter publicity, publications, videos, and/or website.
- I understand that California State Health & Safety Code Section 121690(h) states, "All information obtained from a dog owner by compliance with this chapter is confidential to the dog owner and proprietary to the veterinarian. This information shall not be used, distributed, or released for any purpose, except to ensure compliance with existing federal, state, county, city laws, or regulations."
- I understand that Rancho Cucamonga Municipal Code Section 6.02.060 states, "Veterinarians who vaccinate pets owned by City residents shall provide rabies vaccine information and/or rabies vaccine certifications to Animal Care and Services Department upon request."
- I understand that Ontario Spay and Neuter does not offer overnight care and in the event my pet needs monitoring after normal business hours, I will be referred to a 24-hour animal clinic. I understand that all services provided at a 24-hour animal clinic for my pet are my financial responsibility.
- I hereby release Ontario Spay and Neuter, all veterinarians, assistants, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions or medications. I agree that I have not and will not claim any right of compensation from them. Owner/agent hereby agrees to indemnify and hold Ontario Spay and Neuter harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.
- I accept that veterinary science is not an exact science and that no guarantees of successful treatment have been made. I have read and understand the nature of the procedure and give my consent to proceed.

Signature: _____

Date: _____