



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 understand that the intravenous catheter and fluids are included in all surgical procedure costs except for community cats. This involves shaving a small portion of my pet's leg(s) for sterile placement.
- 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: _____

Cage #

1. Does your pet have any **illnesses or medical conditions** we should know about? **Yes No** If yes, please explain:

2. Has your pet had any **seizures** (epilepsy)? **Yes No** If yes, please explain and list any medication used to control seizures and when was the last time it was given:

3. Is your pet on any **medications**, including any flea, tick or heartworm preventative? **Yes No** If yes, please list medications and reason for the medication:

4. Is your pet current on its **vaccines**? **Yes No** If yes, when was the last time pet was vaccinated and what vaccines did they receive?

5. Has your pet experienced any **vaccine reactions**? **Yes No** If yes, when did the reaction occur and to which vaccine(s)?

6. Has your pet experienced any of the following in the past week:

Vomiting **Yes** **No** If yes, please explain

Diarrhea **Yes** **No** If yes, please explain

Coughing **Yes** **No** If yes, please explain

Sneezing **Yes** **No** If yes, please explain

7. Anesthesia can cause nausea and an upset stomach. Would you like your pet to receive a Cerenia injection (based on weight) today to help prevent this? This injection is required for all brachycephalic animals (pets with short noses such as bulldog, pug, shih tzu, etc.)

Additional Charge \$ _____ **Yes** **No**

8. Would you like your pet to receive a microchip during this procedure? Microchips show proof of ownership if you are ever separated from your pet. Microchips are discounted at the time of spay or neuter. **Additional Charge \$15** **Yes** **No**

9. Please select one of the following regarding **pre-anesthetic bloodwork**:

I was offered pre-anesthetic bloodwork and **declined** this service, understanding it is best to perform pre-anesthetic bloodwork to screen for illness.

Bloodwork **was performed** by OSN on

I was not offered bloodwork but would like to **decline** the service at this time, understanding that it is best to perform pre-anesthetic bloodwork to screen for illness.

I was not offered pre-anesthetic bloodwork and **accept** to have bloodwork performed for \$75. Please be aware that your pets' surgery will be rescheduled as our bloodwork is sent to an outside laboratory.

10. For medication dispensing purposes: What is **your** date of birth?

What is your spouse's or other authorized agent's date of birth?

11. Why are you spaying/neutering your pet?

12. How did you hear about us?

13. Please list **two (2) phone numbers** we can reach you at today **in case of an emergency**:

PLEASE KEEP THESE PHONES BY YOU IN CASE WE NEED TO REACH YOU. OSN DOES CALL FROM AN (844) PHONE NUMBER. WE ARE NOT SPAM

14. Email address (Used for appointment confirmations and reminders, may be shared with microchip company to verify registration)

Signature: _____ **Date:** _____