



Starting Over Animal Rescue
SURGICAL CONSENT FORM
SPAY/NEUTER SURGERY

P.O. Box 286
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www.startingoveranimalrescue.org

PLEASE PRINT

CLEARLY

Date: _____ Contact # for Today: _____

Owner/Caretaker Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____

Zip code: _____ Email address: _____

Animal Name/Breed/Color: _____ [] Cat [] Dog

Animal's gender (if known): [] Male [] Female Age (in known): _____

Services Requested

- [] TNR (Trap/Neuter/Return), eartip required \$40.00
[] Cryptorchid (undescended testicles) \$40.00 cats; \$75 dogs (per testicle)
[] Spay/Neuter (companion cats) \$70.00
[] Distemper vaccination (FVRCP) (cat/dog) \$15.00
[] Rabies vaccination (cat/dog) \$15.00
[] FeLV test (cats) \$20.00
[] FIV/FeLV combo test (cats) \$25.00
[] Hernia repair \$30.00
[] Dew claw removal (dogs) \$45.00
[] Microchipping (cat/dog) \$25.00
[] Flea treatment (cat/dog) Cost based on weight
[] Declaw (cats front claws only) \$120.00

Starting Over Animal Rescue uses qualified staff and approved materials for all procedures performed. Although extremely low, there is risk of injury or death as a result of surgery. Every precaution is taken to ensure that your pet's surgery is successful.

We reserve the right to refuse to perform surgery or to postpone surgery based on the veterinarian's professional judgment about your animal's health. We cannot be held responsible for any contagious illness for which your animal was not properly vaccinated against. It takes 2 weeks for a distemper vaccine to become effective. Your cat will not receive a distemper (FVRCP) vaccination unless you provide proof that it was previously vaccinated.

I understand that there is risk in any surgery and I agree not to hold SOAR or the medical team responsible in the event of medical complications, including death. _____ (Initials)

If applicable, dog was without food/water 8 hours before surgery. _____ (Initials)

I understand that unexpected pre-existing conditions may become apparent during surgery and that complications may occur. I give the veterinarian permission to use her/his discretion in dealing with such conditions or any procedure she/he feels necessary Circle one: YES NO

I understand that the veterinarian performing this surgery is NOT available to deal with post-operative emergency complications. In the unlikely event one occurs, I agree to seek veterinary care for which I assume full financial responsibility OR you may call the Director at 570-386-9241 for more information. _____ (Initials)

I understand that SOAR is not a boarding facility and agree to pick-up my animal at the agreed upon time. An hourly fee may be imposed for late pick-up. _____ (Initials)

All animals receive pain medications and will receive antibiotics and fluids as deemed appropriate by the veterinarian.

Signature: _____ Date: _____