



of York County
A New Leash on Life

Surgery and Anesthesia Consent Form

I, _____, am the owner or agent for the owner, of _____ (pet's name) and have the authority to execute this consent. I authorize anesthesia, surgery and treatment for my pet. I understand unforeseen conditions may necessitate an additional or different procedure(s) in the professional judgment of the veterinarian. I also authorize the use of appropriate anesthetics and medications deemed necessary by the veterinarian. I understand surgery and anesthesia may have risks and complications including bleeding, infection and others that can result in injury to the animal up to and including death in rare cases. I fully understand these risks and understand that veterinarians and hospital staff will try to minimize such risks. I will not hold the York County SPCA responsible for these risks or complications and hereby hold the York County SPCA harmless regarding any and all liability that may be associated with these procedures.

I agree to pay in full for all services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances.

I understand that a Rabies vaccine is required by PA state law once a pet reaches 12 weeks of age. If I cannot provide proof of a current Rabies vaccination, the York County SPCA has permission to give a Rabies vaccine to my pet at the cost of \$15.

I understand it is recommended that my pet also be current on all of their other vaccinations including the kennel cough vaccine. The York County SPCA is not responsible for possible consequences if my pet is not current on their other vaccinations.

I understand that it is recommended my pet be current on flea/tick medication. I also understand that if live fleas are seen on my pet they will be given a capstar pill, at a cost of \$10, to kill the live fleas as to not contaminate the hospital or other pets.

I understand the benefits of spay/neuter and routine vaccination and understand that there are potential complications related to such procedures including vaccine reaction, persistent bleeding, infection, anesthetic side effects, surgical dehiscence, etc., and that the York County SPCA is not responsible for these complications.

I have read and fully understand this consent form.

Signature of pet owner/guardian _____ Date _____

YCSPCA witness _____ Date _____