

Lanark Leeds and Grenville Spay Neuter Clinic
4099 County Road 29,
Brockville, Ontario K6V 5T4
Phone: (613) 345-SPAY 613345spay@gmail.com

Consent for Surgery

Name _____ Date _____

Patient Name and Breed _____

I, _____ being of legal age and being responsible for _____, have the authority to grant Lanark Leeds and Grenville Spay Neuter Clinic's DVM, RVT's and agents my consent to perform surgery on _____

I understand that some factors significantly increase surgical risk, including but not limited to pregnancy, being in a heat cycle, diseases such as FIV, Feline Leukemia, Heartworms, recent vaccines and underlying or pre-existing medical conditions. I further understand that the clinic's RVT's will confirm gender on all pets. Should my pet be scheduled as the wrong gender, I will be informed and if there is a difference in cost, I will be required to pay the balance or be refunded the difference. As long as in the opinion of the attending veterinarian my animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's gender.

I also understand that the veterinarian can refuse to perform any procedure on any animal for any reason at any time. Such refusal is at the sole discretion of the attending veterinarian. In the event of a post-operative surgery-related complication, I understand that follow-up veterinary care must be done at a veterinary clinic of my choice, and cost accrued will be my sole responsibility.

I certify that my animal is in good health and has had no food since 10:00 PM the evening prior to surgery.

I understand that the clinic has the right to refuse service to any animal to whom surgery is deemed a health risk.

Acknowledging all the above, I have the option for Henry to have IV fluids during surgery at a cost of \$50. I understand that this is optional and completely my decision.

I would like IV fluids YES _____ NO _____ initials required.

My signature on this form indicates that any questions I have regarding risks or other issues associated with sterilization and other procedures have been answered to my satisfaction. Please present questions and concerns to medical staff during check in.

Signature _____