

By signing you are agreeing to understanding the following in relation to the Rushville Animal Shelter:

1. I understand the animal may have undiagnosed medical problems or may be incubating an infectious condition. I accept responsibility for having the animal examined and treated by a veterinarian. I understand that the Rushville Animal Shelter will not provide further assistance with diagnosis and management of the animal.
2. I understand the animal may be **exposed** to infectious conditions while boarding during pre-surgery, during transports, while at the clinic, and boarding post-surgery and the Rushville Animal Shelter will not provide further assistance with diagnosis and management of the animal.
3. I understand that the Rushville Animal Shelter is not financially or physically responsible for any medical conditions determined during surgery or any post-surgical complications. You as the adopter will be responsible for any additional veterinarian care and treatment.
4. I understand that the Rushville Animal Shelter may at their discretion opt for additional medical care and treatment offered and recommended by the clinic at the Rushville Animal Shelter's cost and without notice to you.
5. I understand that I am responsible for following post-surgical instructions as written and if I have any questions or concerns I am to either contact the clinic or my own veterinarian. The Rushville Animal Shelter is not a veterinarian and cannot provide advise or treatment for medical conditions. I also understand that the above animal may go home with prescribed medications and it will be my responsibility to follow the medication instructions.
6. I understand that the Rushville Animal Shelter or the Clinic at their discretion can decline or delay sterilization for any reason without any notice.
7. I understand that the Rushville Animal Shelter may make decisions for you for the above animal in relation to medical care, this may include having the clinic perform euthanasia. I understand the Rushville Animal Shelter will do everything possible to contact you before any decisions are carried out.

By signing you are agreeing to Low Cost Spay Neuter Clinic, Inc. Sterilization Surgery and Transport Agreements:

CONSENT TO TRANSPORT TO LOW COST SPAY NEUTER CLINIC, INC.

I, the owner or authorized agent of the owner of <<AnimalName>> consent to use the Low Cost Spay Neuter Clinic transportation service for the named pet(s) benefit and my convenience for specific purpose of transportation to ***Brownsburg or Noblesville Low Cost Spay Neuter Clinic or other facility deemed necessary for the welfare and wellbeing of your pet(s).***

I acknowledge that I have been fully informed that Low Cost Spay Neuter Clinic will use a vehicle owned and or leased by the Low Cost Spay Neuter Clinic to provide said transportation and hereby consent to its use for the purpose described herein.

I further acknowledge that I have been advised and consent to the above-named pet(s) being transported in my carrier or a carrier provided by the Low Cost Spay Neuter Clinic. I also understand and agree that the above named and described pet(s) may be transported with other animals in the designated Low Cost Spay Neuter Clinic vehicle (each in individual cages or carriers) and consent to this.

We are always happy to see our patients back after surgery; however, if there are any post operative issues or concerns you will be responsible for transporting your pet(s) back to our Brownsburg or Noblesville locations regardless of the distance.

I HEREBY AGREE THAT I ASSUME THE RISK OF LOW COST SPAY NEUTER CLINIC TRANSPORTING THE ABOVE NAMED AND DESCRIBED PET(S) AND IN THE ABSENCE OF NEGLIGENCE, I HOLD THE LOW COST SPAY NEUTER CLINIC EMPLOYEES AND AGENTS HARMLESS FROM ANY AND ALL ADVERSE EVENTS AND LIABILITY MIGHT OCCUR DURING ANY TRANSPORTATION AS MENTIONED HEREIN.

CONSENT FOR SURGICAL STERILIZATION

I, being of legal age and responsible for the animal (patient) described on this form, have the authority to grant the Low Cost Spay Neuter Clinic, and its veterinarians and staff members or volunteers of my consent to receive, transport, prescribe for, treat and/or perform irreversible sterilization surgery upon the animal (patient) named on this form.

I understand that modern surgery techniques and trained staff will be used to care for all animals, and reasonable precautions will be used against injury, escape or death of the animal. It is thoroughly understood that the Low Cost Spay Neuter Clinic, its veterinarians, staff, or volunteers will not be held liable or responsible in any manner and I assume all risks.

There is risk in the procedure and in the anesthetic drugs used in the procedure. I understand that some factors significantly increase surgical risk, including but not limited

to; pregnancy, pyometra, overweight, advanced age, clotting factor deficits and cardiovascular diseases.

I understand that Low Cost Spay Neuter Clinic may not be able to perform a complete physical examination before surgery if my pet is feral or not friendly enough to be restrained and could possibly cause injury to my pet or the staff. This may include an additional charge for a more expensive type of injectable anesthesia if we cannot safely handle your animal. Regardless of the physical examination prior to surgery, if in the course of treatment, a condition is discovered which requires medical attention or an additional procedure, such as hernia repair, or the administration of IV fluids, the attending veterinarian may, in their absolute discretion, perform such procedure. I consent to these procedures and agree to pay reasonable additional charges, if any.

Per clinic policy it is required for all patients eight years and older to have **pre-operative bloodwork** done prior to undergoing any anesthesia. It is recommended to have pre-operative bloodwork done at five to seven years of age, but not required. I agree that I have been offered pre-operative bloodwork to be done at Low Cost Spay Neuter Clinic or at my full service veterinarian's office prior to undergoing anesthesia.

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, **irreversible sterilization procedures will be performed regardless of the animal's sex or medical condition including the termination of pregnancy.**

I certify that my pet has been vaccinated within one year prior to this date and I understand that if my pet is not vaccinated he/she is at risk of contracting infection or contagious disease after surgery, I am responsible for treatment at my own cost. If my pet receives any vaccinations at the time of surgery, I understand that it takes up to two weeks for vaccinations to protect my animal. **I understand the Low Cost Spay Neuter Clinic will not be held responsible for any contraction of contagious diseases at the clinic.**

I hereby release the Low Cost Spay Neuter Clinic, all veterinarians, staff members and volunteers from any claims arising out of any adverse reactions including but not limited to; vaccinations administered, reaction to anesthesia or suture material or not properly following the post operative instructions. I agree that I will not claim any right of compensation or file action against Low Cost Spay Neuter clinic their veterinarians, staff or volunteers regarding any animal or any consequences related to damages caused by any unforeseeable events out of our control.

Finally, by signing this document, I both understand that I am responsible for and agree to adhere to all Post Operative Care instructions as directed by the Low Cost Spay Neuter

Clinic. I understand that the Low Cost Spay Neuter Clinic is not responsible for care or treatment provided after surgery, which is resulted from failure to abide by the post surgical guidelines and instructions.

By signing, I understand that regardless of circumstances, if I choose to take my pet to another facility, the Low Cost Spay Neuter Clinic is not financially responsible for care or treatment provided after surgery at another facility.

ACKNOWLEDGEMENT OF ADDITIONAL RISK

I have been informed that my animal may be at increased risk for anesthesia and/or surgery for one or more of the following reasons: Advanced age (>5 years), Heart Murmur, Obesity, Underweight, Seizures, Advanced stage of pregnancy.

I have been advised the one or more of the following is recommended for my animal. By signing, I accept responsibility for declining these recommendations: Postpone surgery, Pre-anesthetic bloodwork, Full-service veterinary care.

Should complications occur following surgery that would require full-service veterinary care, I understand the Low Cost Spay Neuter Clinic is not equipped to offer these services. I also understand that although Low Cost Spay Neuter Clinic does not charge an exam fee to recheck surgery patients, I am responsible financially for any additional medications or treatments my animal may require. However, I would still like for my animal to have surgery as scheduled.