

### ***Consent and Release for Surgical Sterilization***

Animal Name(s): \_\_\_\_\_

I, \_\_\_\_\_ (guardian or authorized agent of guardian), hereby request and authorize Seattle Humane, through whomever veterinarians, technicians and assistants it may designate, to perform an operation for the sexual sterilization of the animal listed above.

I understand that the sterilization operation, vaccination and microchip implantation may present some hazards. Permanent Injury to, post-operative infection in, or even the death of the animal may conceivably result, and I acknowledge there is always some risk in the procedure and the use of sedatives, anesthetics, and other drugs used in providing this service. I understand that some conditions are occult or hidden and can cause an animal to die during anesthesia or surgery.

I have been advised to share my animal's medical history of diagnosed ailments, allergies, reactions to certain drugs, or underlying health conditions.

I understand that a pre-surgery exam will be performed on the animal when possible, but that there are times, in the attending veterinarian's sole discretion, when such an exam may only be performed after the animal has already been sedated or anesthetized. ***I hereby consent to sedation or anesthesia without a pre-surgical exam in such case.***

***Yes- Proceed with Surgery***    ***No- Do Not Proceed***

I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, heat, age, heart murmur. I understand that by checking this box, I consent to surgery/treatment despite any risks identified during exam.

***Yes - Proceed with Surgery***    ***No- Do Not Proceed***

I understand that if the animal is pregnant, the pregnancy will be terminated at surgery.

I understand that Seattle Humane has the right to refuse service to any animal for any reason.

I authorize my pet to be treated for fleas if found.

I understand that if my animal is not picked up by closing time, a boarding fee may be charged.

I understand that my animal will be surgically marked with a green tattoo near the incision site as visual

proof that they have been spayed or neutered.

I have read this Release Agreement and fully understand that I am disclaiming and waiving all claims or actions of any kind and nature, whether for damages, fees, or costs, based on any type of negligence, liability, or fault, whether now known or discovered in the future, arising from any type of veterinary treatment provided to the animal, against Seattle Humane, its employees, board members, directors, officers, agents, contractors, and volunteers. . I agree that I have not or will not claim any right of compensation from them, or each of them, or file a civil action related to surgery or treatment.

I am of legal age and legally competent to sign this agreement. I am signing this agreement of my own free will without the influence of a staff member.

**Income Verification Statement:** I have reviewed the income qualification standards and certify that my household income is less than 80% of the median family income of the county in which I reside, or adopted unaltered from Seattle Humane during COVID-19.

**Marketing Consent:** I give permission for Seattle Humane to obtain and use photographs/video of my pet for marketing or public relations purposes. I would be open to a staff member from Seattle Humane reaching out to me directly about my experience.

---

Client Signature

---

Date