



**LEE COUNTY DOMESTIC ANIMAL SERVICES**  
**Anesthesia, Surgical, Treatment & Kennel Consent Form**  
Rev. 09/09/2020

Owner Printed Name: \_\_\_\_\_

Owner Contact Number: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State Issued: \_\_\_\_\_

Secondary Contact Number: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: M / F Color: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_

Please list any previous vaccines and year given including rabies: \_\_\_\_\_

Does your pet have a Microchip Y / N # \_\_\_\_\_ County License Y / N # \_\_\_\_\_

**Please initial the following:**

\_\_\_\_ I, acting as owner or agent of the pet named above, hereby request and authorize LCDAS, through whomever veterinarians they may designate, to perform a spay/neuter or \_\_\_\_\_ on the animal named on the above portion of this form. If the animal is pregnant, the operation will result in pregnancy termination.

\_\_\_\_ I understand that the operation presents some hazards and that injury or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service. I understand that LCDAS has the right to refuse service to any animal to whom surgery is deemed a health risk.

\_\_\_\_ I understand my obligations to provide necessary post-surgical care as recommended by LCDAS and acknowledge receipt of these procedures.

\_\_\_\_ I certify that my pet has not consumed any food after 10 PM the previous evening. I understand the serious consequences of an anesthetized pet being consuming food, which can lead to vomiting, choking, and in rare cases even death.

\_\_\_\_ I certify that my pet has not had any recent injuries, illness or medical conditions I have not disclosed to LCDAS. I also understand that I may be charged a \$10 fee if LCDAS must treat my pet due to a flea or tick infestation. I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising as a result of my pet not being current on vaccinations preventing diseases such as respiratory diseases and parvovirus.

\_\_\_\_ I understand that LCDAS may not perform a complete physical examination before surgery is performed. I also understand that my animal will not receive pre-operative bloodwork and waive my right to have this service performed prior to surgery at a full service veterinary clinic. If your animal has unknown underlying health issues, there may be an increased anesthesia risk.

\_\_\_\_ I give consent for the Veterinarian to perform humane euthanasia if in a life-threatening emergency I cannot immediately be contacted by telephone. I understand the importance of providing LCDAS with a contact number and being available on the day of surgery to answer the telephone if LCDAS needs to contact me for a pet-related emergency.

\_\_\_\_ I hereby release LCDAS and all staff members from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations and/or medications. I also understand that there is an inherent risk of exposure to infectious diseases in a shelter environment if my pet is not fully and currently vaccinated.

Signed by Owner/Owner's Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By LCDAS Employee: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by LCDAS Employee following after express check in procedures are completed:

Animal ID: A \_\_\_\_\_

Person ID: P \_\_\_\_\_