# Horry County Animal Care Center

1923 Industrial Park Rd. Conway, SC 29526
Phone: (843) 915-5172 Fax: (843) 915-6170 Email: shelter@horrycounty.org

## Surgery Consent and Release of Liability

OWNER NAME_____ PET NAME_____

I, acting as the owner or agent of the pet named above, hereby request and authorize the Horry County Animal Care Center, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named on the above portion of this form.

___ I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs providing this service.

___ **I understand that females will receive a small green tattoo near the incision site to show that she has been sterilized.**

___ **I understand the inherent risks of failing to maintain current vaccinations for my animal and waive all claims arising out of or connected with the performance of this operation due to such failure.**

___ I certify that my animal is in good health and has had no food since 12:00 midnight the evening prior to surgery. If my pet is under 4 months of age, food and water may be given until 7:00 A.M. the morning of surgery.

___ I understand that the Horry County Animal Care Center has the right to refuse service to any animal.

___ I understand that the Horry County Animal Care Center will not perform a complete physical examination before surgery is performed. I also understand that my animal will not receive pre-operative blood work and waive my right to have this service performed prior to surgery.

___ I understand that some factors significantly increase surgical risk, including but not limited to: pregnancy, heat, and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, internal parasites, and heartworms.

___ **I understand that if a flea infestation on my pet is noted by staff at the time of surgery, my animal will be treated for fleas and I will be charged for the flea treatment. The cost is $15.**

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

___ **I understand that if my animal has an umbilical hernia, it may be repaired at time of surgery.**

___ **I understand that if I don't retrieve my pet at the agreed upon time that I shall be charged a boarding fee of no less than $30.00 per night. If said animal is not retrieved after five consecutive nights, it will be considered abandoned and the Horry County Animal Care Center shall exercise its right to dispose of it as deemed just and proper. I further understand that my pet will not be attended to after shelter hours.**

I hereby release the Horry County Animal Care Center, the County of Horry, veterinarians, medical assistants, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner / agent hereby agrees to indemnify and hold the Horry County Animal Care Center harmless for any damages caused to the animal, or for any damages caused by any unforeseeable events, including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

OWNER/AGENT SIGNATURE: _____ TODAY'S DATE: _____