

Humane Society of Central Illinois

423 Kays Drive, Normal, IL 61761-1958

(309)451-1000



Animal Surgery Consent Form for Spay/Neuter

Note: A separate consent form must be completed for each cat.

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Animal Name: _____ Coat length: _____

Sex: Male / Female Color: _____ Age: _____

How did you hear about our Spay/Neuter Program? _____

Will you be the person picking your cat up? Yes / No

If not who will be picking your cat up? _____

Feline Information

1. Is this your pet? Yes / No

2. How long have you had your pet? _____

3. Where did you get your pet? _____

4. Has your pet had any offspring? _____

5. Has your cat been vaccinated within the last year? Yes / No

Consent for Surgical Sterilization

I, being of legal age and responsible for the animal described above, have the authority to grant Humane Society of Central Illinois, staff, members, volunteers, or agents my consent to receive, transport, prescribe for, treat and/or perform surgery upon the animal named above. I also represent that I am the legal owner of and authorized to consent to treatment for the animal named above.

I understand that modern techniques and trained staff will be used to care for all animals and reasonable precautions will be used against injury, escape, or destruction of the animal. It is thoroughly understood that the Humane Society of Central Illinois, its staff, volunteers, and agents will not be held liable or responsible in any manner and I assume all risks.

If in the course of treatment a condition is discovered which requires medical attention or an additional procedure, the attending veterinarian may, in his/her absolute discretion, perform such procedure. I consent to these procedures.

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition. I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian. I understand that animals may be identified with a permanent tattoo.

I also understand that all animals must be picked up from the clinic at the time designated by clinic staff on the same day as surgery. If I do not claim the animal, I understand that after 24 hours the animal will be considered abandoned and the animal will be relinquished to the Humane Society of Central Illinois. I understand that once any animal has been abandoned, I relinquish all ownership rights and I will be held responsible for any and all medical costs including boarding expenses.

Printed Name: _____ Best Contact Number: _____ - _____ - _____

Signature: _____ Date: _____

HSCI OFFICE USE ONLY

Governmental AID: WIC LINK Medical Card SSI Unemployment Benefits other _____

Staff Its: _____