



Oregon Coast Humane Society

Spay/Neuter Certificate

Owners Name: _____

Address: _____

Phone: _____ Work/Message Phone: _____

EMAIL: _____

DOG CAT MALE FEMALE OWNED STRAY FERAL AGE _____

Pet's Name: _____ Breed: _____ Color: _____

Does this animal have any history of recent or ongoing illness or previous vaccine reaction Yes No
If yes describe _____

SERVICES REQUESTED

Spay Neuter FVRCP DHLPP Rabies microchip Flea treatment

I, being of legal age and responsible for the animal above, have the authority to grant OCHS and its agents my consent to receive, transport, prescribe for, treat and perform surgery upon the animal 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 death of the animal. Animals are treated with NSAID pain medications, which, for cats, may be in an extra label but low dose that is generally accepted as safe. As with all medications and vaccines, adverse reactions are possible. It is understood that OCHS and its agents will not be held liable for unwanted results. Surgery and anesthesia have inherent risks, and individual animals may respond in unpredictable ways.

If, in the course of treatment, a condition is discovered which requires medical attention or additional procedures, it is up to the veterinarian to decide what to do. The animal may be sent home without performing the surgical procedure and referred to a local veterinarian, or the veterinarian may elect to perform extra procedures. This may include, but isn't restricted to, hernia repair, drug therapy and/or fluid administration. We do not do blood work beforehand. I understand this statement, and consent to the procedures deemed necessary by the veterinarian. I understand that once the animal is determined to be an acceptable surgical candidate, surgical sterilization procedures will be performed, regardless of the animal's sex, or possible pregnancy condition. I understand that the veterinarian can refuse to perform any procedure on any animal for any reason.

I understand the veterinarian(s) working on my pet is/are independent contractor(s) and that the Oregon Coast Humane Society (OCHS) is not practicing veterinary medicine, but is retaining the veterinarian(s) in furtherance of its charitable purpose to reduce unwanted companion animals in the Florence/Mapleton area.

I agree to return to pick up my pet late this afternoon, at the time I am given, unless otherwise instructed. I understand no animals can be boarded overnight and the fee I am paying is not refundable even if it is discovered this animal has been spayed/neutered at a prior time unknown to me.

Signature _____ Date _____