

# Consent for Sterilization

The Cornelius Clinic at  
Citizens for Animal Protection

17555 Katy Frwy  
Houston, Tx 77094

Phone 281-497-0591  
Clinic 281-600-8500  
Fax 281-497-1537

CorneliusClinic@CAP4Pets.org



Client Name : \_\_\_\_\_

Phone : \_\_\_\_\_

Secondary Phone : \_\_\_\_\_

Email : \_\_\_\_\_

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

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Pet Name : \_\_\_\_\_ Breed : \_\_\_\_\_

Age : \_\_\_\_\_ Color : \_\_\_\_\_

Cat Dog - Male Female

Drop off : 7:30am-8:30am  
Pick up : 3:30pm-5:00pm

### Staff Only

HW test	Yes	No (date _____)
Combo test	Yes	No (date _____)
Rabies	Yes	No (date _____)
Bloodwork	Yes (date _____)	No
In heat?	Yes	No
Cryptorchid?	Yes	No
E-Collar?	Yes	No

The Cornelius Clinic uses qualified staffing and approved materials for all procedures performed. It is important for you to understand that the risk of injury or death is always present during a surgical procedure. Carefully read and understand the following before signing your name. If your pet is pregnant, in heat, or has any known reactions to medications, you need to inform the staff prior to surgery.

I, acting as owner or agent of the pet named above, hereby request and authorize The Cornelius Clinic, 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 any operation presents some hazards and that injury to and/or death of such an animal may conceivably result. I understand there are risks with the procedure and the use of anesthetics and drugs in providing this service.

I either certify that my animal has been vaccinated within one year prior to this date or waive my right to protect my animal by having it vaccinated, or request recommended vaccinations at the time of surgery. I understand that it takes up to two weeks for vaccinations to protect my animal. I understand the inherent risks of failing to maintain current vaccinations 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 9pm the evening prior to surgery. Puppies and kittens under 5 months of age are excluded from this requirement.

I understand that The Cornelius Clinic's veterinarians will perform a brief physical examination on my pet before surgery is performed. I also understand that my animal will not receive pre-operative bloodwork unless requested by me. Pre-operative blood work is available through The Cornelius Clinic on weekdays at the cost of \$60 or the day of surgery for \$80.

I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, heat, and diseases such as Heartworm Disease, Feline Immunodeficiency Virus, and Feline Leukemia. Heartworms cause problems with the heart, lungs, blood clotting, and circulatory system. Pregnant and in heat dogs who are heartworm positive are an even greater risk. I understand that The Cornelius Clinic will not run a heartworm test unless requested and paid for by me. Dogs not on heartworm prevention have an extremely high chance of being heartworm positive due to the mosquito epidemic in the Houston and surrounding areas.

I understand that if my animal is pregnant, **the pregnancy will be terminated**. I also understand that pregnancy significantly increases post-operative complications including death. If my pet is in heat or pregnant, an additional charge of \$35 will be incurred.

I understand that if my animal has an un-descended testicle ("Cryptorchid"), it will be removed at time of surgery at an additional charge of \$35.

I understand that in some cases, the Veterinarian may recommend a prescription drug to for a pre-existing condition or to help prevent post surgical complications such as swelling and infection. Prescriptions are \$10-40 each depending upon the type medication/weight of the animal. If I refuse the recommended prescription(s), I assume responsibility for any and all post surgical complications.

I understand that at the Veterinarian's discretion an off label medication may be used as indicated.

Continued on Back →

I understand that I am responsible for monitoring the surgical site daily and not allow my pet to lick or chew at the site. An elizabethan collar (E-Collar) has been offered at a charge of **\$10 and is required for all male dogs**. I assume all responsibility for post surgical complications due to my pet not wearing an E-collar.

I understand that I am responsible for restricting my pet's activity which includes using a leash when taking dogs outside. I assume all responsibility for post surgical complications due to not restricting my pet's activities. Any post surgical complications must be followed up at a full service clinic.

I understand that if my pet was in heat at the time of surgery, it will take about 30 days for the hormones to leave the body. She may still attract males. The attempted breeding by a male can cause internal injury, hemorrhage and possible death.

I understand that if my animal is too aggressive to handle safely, surgery will not be performed. I will be called for pickup and receive 75% of my fee refunded to me.

I hereby release The Cornelius Clinic, all veterinarians, assistants, volunteers, directors, employees & board of directors 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 any of 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 Cornelius Clinic harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

**Please read the below and initial**

\_\_\_\_\_ **Rabies Vaccine** : I am aware that if I cannot provide adequate proof of a valid rabies vaccine, one will be given at my expense.

\_\_\_\_\_ **Tattoo** : I am aware that my pet will receive a small green tattoo on his/her underside to show that he/she has been sterilized.

\_\_\_\_\_ **Late Fee** : I am aware that a late fee of \$45 will be applied if I fail to pick up my pet by 5pm.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Alternate Contact/Pickup

\_\_\_\_\_  
Alternate Contact Phone #