

Animal Neutering Consent Form

Veterinary Practice Name: [Insert Practice Name]

Address: [Insert Address]

Phone Number: [Insert Phone Number]

Email: [Insert Email Address]

Owner Information

- **Owner's Full Name:** [OWNER_FULL_NAME]
- **Phone Number:** [OWNER_PHONE_NUMBER]
- **Email Address:** [OWNER_EMAIL]

Animal Information

- **Animal's Name:** [ANIMAL_NAME]
 - **Species:** [Dog / Cat / Other] [ANIMAL_SPECIES]
 - **Breed:** [ANIMAL_BREED]
 - **Age:** [ANIMAL_AGE]
 - **Sex:** [Male / Female] [ANIMAL_SEX]
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Procedure Description

I, the undersigned, hereby authorize [VETERINARY_PRACTICE_NAME] and its staff to perform a **neutering/castration (surgical sterilization)** procedure on my animal named [ANIMAL_NAME].

I understand that this surgical procedure involves the removal of reproductive organs under general anesthesia.

Consent and Acknowledgments

- I confirm that my animal has had no food since [FASTING_TIME] (recommended 8–12 hours before surgery).
- I understand that general anesthesia carries inherent risks, including (rare) complications that could result in serious injury or death.
- I have been advised of the potential risks, benefits, and alternatives to this procedure.

- I understand that no guarantees have been made regarding the outcome of the surgery.
 - I authorize the veterinarian to perform any other life-saving procedures if unforeseen circumstances arise during surgery.
 - I accept full financial responsibility for all services rendered.
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Optional Services (Select if Desired)

- ☐ Pre-Anesthetic Blood Testing (Recommended)
 - ☐ Intravenous Catheter and Fluids (Recommended)
 - ☐ Microchipping
 - ☐ Vaccinations Update
 - ☐ Other: [OTHER_SERVICES]
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Authorization

I certify that I am the legal owner or authorized agent for the above-described animal and have the authority to execute this consent.

I have read, understand, and agree to the terms outlined above.

Signature of Owner/Agent: [OWNER_SIGNATURE]

Date: [SIGNATURE_DATE]

Veterinarian's Signature: [VET_SIGNATURE]

Date: [VET_SIGNATURE_DATE]