



LEE COUNTY DOMESTIC ANIMAL SERVICES
5600 Banner Dr., Ft. Myers, FL 33912-4409 * (239) 533-7387 * www.leelostpets.com
Anesthesia, Surgical, Treatment & Kennel Consent Form

Rev. 02/22/12

Date: Name of Pet:

Owner/Custodian Printed Name:

Complete Address:

Cell Number: Home Number:

Driver's License No.: State Issued:

Dog / Cat: Breed: Sex: M / F Color: Age:

Weight: Has your pet had a normal appetite?:

Any previous vaccines and year given including rabies:

Any recent illness/injuries/medical conditions:

Is your female dog in heat? Y / N Has your pet drank or eaten after 10 PM the night before? Y / N

Does your pet have a Microchip Y / N #

Does your pet have a current Rabies Vaccine/County License Y /N #

I certify that I am the legal owner (or have legal authority to act on his/her behalf) of the above named/identified animal and authorized the use of such anesthetics, as deemed advisable by the veterinary staff to perform the surgical sterilization procedure. I understand that my pet may be at risk of being exposed to contagious disease in a shelter/kennel environment. The risk to my animal is greatly increased if it has not been kept current on necessary vaccinations. I agree to provide proof of current rabies vaccination or agree to pay to have my pet vaccinated while here. I agree to hold Lee County Animal Domestic Services and its agents harmless against any and all liability arising from the performance of the sterilization procedure, from any exposure to contagious disease that may occur in the shelter/kennel environment, and from any complications arising from the procedure. I understand there is a certain risk when an animal undergoes any anesthesia procedure and I further understand my obligations to provide necessary post-surgical care. Possible complications include but are not limited to: infection, bleeding, dehiscence, and while rare, even death. Pets can damage their incisions by licking or chewing, or from over activity. I understand these complications and accept these risks. I also understand I will be responsible for costs incurred to treat any complications from the surgery or anesthesia. Initial here. I agree and understand that the staff veterinarian reserves the right to refuse to perform the procedure on any animal deemed unhealthy, unmanageable, or for any other reason at his/her discretion. It is assumed that patients presented for surgery are in good health. Time constraints do not allow us to perform complete physical examinations on all patients prior to surgery. I also understand that my animal will not receive pre-operative bloodwork and waive my right to have this service performed prior to surgery. If my animal is pregnant, I understand that the sterilization procedure will result in the end of that pregnancy and will prevent any future pregnancy.

Understanding Lee County Domestic Animal Services is acting in good faith in accepting this authorization, I agree to indemnify Lee County and/or its agents for any litigation or judgment(s) related to any action regarding the ownership of the animal identified herein.

Signed by Owner/Owner's Agent: Date:

Witnessed By LCDAS Employee: Date:

To be completed by LCDAS Employee following after express check in procedures are completed:

Animal ID: A Person ID: P

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