

Physical address : Sefoke Road, Tlokweng, Gaborone, Botswana

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Spay/Neuter Surgical Consent

	Name	Surname	Phone number	Are you the owner of the animal identified below ?
Owner				Yes / No

	Species	Gender	Name	Age	Breed/Description	Is the animal on heat ?
Animal	Dog / Cat	Male / Female				Yes / No

It is important for you to understand that the risk of injury or death, although extremely low, is always present, just as it is for humans who undergo surgery. Carefully read, and ensure you understand, the following before signing your name:

- I, acting as owner or agent of the pet named above, hereby request and authorize Matshwane Vet Clinic veterinarians to perform a sexual sterilization of the animal named on the above portion of this form.
- I understand that the operation I have elected presents some hazards, and that injury to, or death of, an animal may conceivably result, for there is some risk in the procedure, and some risk in the use of anesthetics and drugs provided for the procedure.
- I understand the inherent risks of failing to maintain current vaccinations (5in1/Rabies) and waive all claims arising out of, or connected with, the performance or outcome of this operation due to such failure.
- I certify that my animal is in good health and has had no food since the evening prior to surgery.
- I understand that Matshwane Vet Clinic has the right to refuse service to any animal deemed too high of a surgical risk or is too aggressive for our staff to safely handle.
- I understand that my animal will not receive pre-operative blood work. If I choose for my pet to have blood work, I understand that it must be performed at a full-service veterinary clinic.
- I understand that some factors increase surgical risk, including, but not limited to, pregnancy, heat, and diseases such as feline immunodeficiency virus (FIV), feline leukemia (FELV), and previous or unknown conditions (heart defect, tick-bite fever, etc).
- I understand that if my animal is on heat or pregnant, there will be an additional charge of P200, and the pregnancy will be terminated during the time of surgery.
- I hereby release Matshwane Vet Clinic, all veterinarians, assistants, volunteers, and employees 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 Matshwane Vet 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.

Do you wish to have your pet microchipped for P300 while he/she is asleep ? Yes / No (NB : Microchipping your pet allows any veterinarian/animal shelter to trace it back to its owners should it get lost/stolen with access to contact details)

I HAVE READ & UNDERSTOOD THE CONDITIONS LISTED ABOVE,

Signature : _____

Date : _____