

**Animal Friends Foundation Inc  
1370 S Main Road, #138  
Vineland NJ 08360  
Phone: (856)503-5572**

[www.AnimalFriendsFoundation.com](http://www.AnimalFriendsFoundation.com)  
Email: [Info@AnimalFriendsFoundation.com](mailto:Info@AnimalFriendsFoundation.com)

**Spay/Neuter Surgery Consent Form**

<b>Owner's Name:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>		<b>Cell:</b>	
<b>E-mail:</b>			

**Animal Friends Foundation Inc uses qualified staffing and approved materials for all procedures performed. 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 the pre-operative instructions and the following below before signing your name.**

CONSENT-MUST BE READ AND SIGNED: I, acting as the owner or agent of the animal(s) named below, hereby request and authorize Animal Friends Foundation Inc, through whomever veterinarians they may designate, to perform an operation for reproductive sterilization of the animal(s) name below.

I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service. 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 understand that Animal Friends Foundation Inc does not perform a complete physical examination before surgery is performed. I also understand that my animal(s) will not receive pre-operative blood work and waive my right to have this service performed prior to surgery at a full service veterinarian. I hereby release Animal Friends Foundation Inc, all veterinarians, assistants, volunteers, Directors, officers 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.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Total Due:** \_\_\_\_\_

NO#	Sex	Name of Pet	Age	Color	Friendly?	Do you want Rabies Vacc?	Do you want Distemper Vacc?	Do you Want Ear tip?
					Yes / No	Yes / No	Yes / No	Yes / No
					Yes / No	Yes / No	Yes / No	Yes / No
					Yes / No	Yes / No	Yes / No	Yes / No
					Yes / No	Yes / No	Yes / No	Yes / No

