

Toronto Humane Society Surgical Authorization Form

OFFICE USE ONLY
Intake #

Owner Information (Please Print)		Authorized Representative (if applicable)	
Name		Name	
Address		Address	
Phone #		Phone #	
Email		Email	
Animal Information			
Name		A# (office use)	
Species	<input type="checkbox"/> Canine(Dog) <input type="checkbox"/> Feline(Cat)	Breed	
Age	___mons ___yrs or DOB ___/___/___	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Male/Neutered <input type="checkbox"/> Female <input type="checkbox"/> Female/Spayed
Colour		Microchip #	
Emergency Contact This # number must be available at all times in case of an emergency while under anesthetic			
Name		Phone #	



Declaration of Consent

I, the undersigned, being 18 years of age or older, I am the owner or authorized representative of the owner of the animal(s) described above and am authorized to make decisions regarding its care. I do hereby give the Toronto Humane Society, their agents, servants, and/or representatives full and complete authority to perform the treatments and or surgical procedures as described. Please initial beside each line below,

___ I hereby acknowledge that Dr. _____, or his/her representative _____, has advised me of, and explained the following (initial as each one is discussed and understood):

___ The tentative or final diagnosis of my animal(s).

___ The general nature of the following proposed treatment/procedure(s):

___ The expected benefits, risks, dangers, and side effects of the above, including the risk of anesthetic death in the event the treatment requires anesthesia or sedation.

___ Reasonable alternative courses of action and risks/benefits of each.

___ Consequences if the treatment/procedure is not performed.

___ Estimated cost of the treatment/procedure.

___ Auxiliaries and/or other veterinarians may provide some of the treatment and care.

___ The staffing coverage available on site to monitor animals after regular office hours.

___ Procedures may be performed by a veterinary intern or student under the direct supervision of a licensed veterinarian

Further, in the event that I am unavailable, I give permission to the veterinarian to discuss financial and medical aspects of this case with my authorized representative named above.

I understand that there can be no guarantee as to the animal's condition or reaction to or the outcome of any procedure/treatment undertaken. My questions have been answered, I have read or had explained to me and fully understand the information on this form; and declare that I understand and voluntarily consent to the recommended treatment/procedures.

Date:_____

Signature of Owner/Representative:

Owner Name:_____

Sex: M [] F []

Patient Name:_____

Weight (office use):-

_____Kg



Toronto Humane Society Optional Procedures/Purchases Consent Form

Has your pet bitten anyone in the last 10 days? YES NO

I am on income supplementation, and have previously booked a subsidized appointment

Proof provided? ODSP OW GIS staff initials: _____

Please note if you have not previously booked a subsidized appointment, we cannot offer the discounted rate.

My pet requires:

- | | |
|--|---|
| <input type="checkbox"/> Feline Spay \$80 | <input type="checkbox"/> Feline Neuter \$80 |
| <input type="checkbox"/> Subsidized Feline Spay \$40 | <input type="checkbox"/> Subsidized Feline Neuter \$40 |
| <input type="checkbox"/> Canine Spay \$170-240 | <input type="checkbox"/> Canine Neuter \$140-180 |
| <input type="checkbox"/> Subsidized Canine Spay \$85-120 | <input type="checkbox"/> Subsidized Canine Neuter \$70-90 |

FVRCP (feline core vaccine) \$25.00 1ST 2ND 3RD
 DHPP (canine core vaccine) \$25.00 1ST 2ND 3RD
 Rabies (required by law) \$25.00

Vaccines are required for all animals not currently up to date

Elizabethan Collar \$5-\$12.50 Declined

Reason: _____

Prevents your pet from licking the surgical site once you arrive home.

Microchip Implant \$25 Declined or My pet already has one

A permanent method of ID'ing your pet to help get them home to you in the event they are lost.

Revolution Application In-House \$20-\$25 or _____ # of Applications Declined

A topical anti-parasitic that is effective against, fleas, heartworm, and some intestinal parasites for one month.

Heartworm Test \$25 Declined

Required for canine patients requesting revolution.

City Of Toronto Pet License \$7.50-\$60 (City of Toronto Residents Only) Declined

We will send your information to Toronto Animal Services and the license will be mailed to the address provided at booking within 2 - 4 weeks. Please ask the receptionist how much a license will cost for your pet.

Help the Toronto humane Society Save More Lives

Toronto Humane Society operates solely on donations and it is the generosity of our supporters like you that allows us to continue our life-saving work.

I'd like to support Toronto Humane Society programs with a donation of \$10 \$25 \$50

Other \$ _____

(Office use) ADDITIONAL FEES/SERVICES REQUIRED:



Signature of Owner/Representative: _____

Date: _____

In order to keep you informed about important campaigns and to ask for support, we will occasionally telephone, email, and send mail to you.

If you would like to receive phone calls, emails or mail please check this box.

How did you hear about our services?

Toronto Humane Society Website []

Twitter []

Facebook []

Instagram []

Radio []

In shelter []

World of Mouth []

Other: _____

