

CITY OF BOSTON ANIMAL CARE & CONTROL  
**CONSENT FOR SURGERY AND/OR ANESTHESIA**

I authorize the City of Boston, Parks Department, Animal Care and Control Division and its employees and/or contractors to hospitalize my pet, and to administer tests, treatments, anesthesia and surgical procedures that the veterinarians deems necessary for the health, safety and well being of my pet while it is under their care. I give consent for the following surgical procedures: \_\_\_\_\_

I understand that some risks always exist with anesthesia and/or surgery. Although uncommon, these risks may include infection, prolonged recovery time, or rarely death. I understand that every reasonable attempt will be made to avoid and/or treat any potential complications. This medical procedure(s) and the risks involved have been explained to me and I realize that the results cannot be guaranteed.

I understand that all animals will receive a microchip as a form of permanent identification.

I understand that I cannot hold the City of Boston, Parks Department, Animal Care and Control Division and its employees and/or contractors liable in any way for unwanted, unintended results or failure to complete any procedure.

Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Email: \_\_\_\_\_

Number you can be reached at the day of the surgery: \_\_\_\_\_ I confirm that I will be available to pick my pet up at:  
\_\_\_\_\_  
(Time, Date, Location)

Animal Name: \_\_\_\_\_ Animal ID Number: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Description/Breed: \_\_\_\_\_

Owner/Agent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please fill out the other side of this form completely\***

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**How long have you been caring for your pet?** \_\_\_\_\_

**Where did you get your pet?** \_\_\_\_\_

**Has this animal ever been to the veterinarian?**    Yes                  No                  Don't know  
If yes, when?    Reason:

**Has this animal ever been vaccinated before?**    Yes                  No                  Don't know  
**Has the animal ever had a reaction to a vaccine before?**    Yes    No                  Don't know

**Any illness or injuries? (circle all that apply)**

Coughing    Sneezing    Vomiting    Diarrhea    Eating more/less than usual    None  
Hit by car    Injured by another animal    Other (describe): \_\_\_\_\_

**Where is your pet housed?**    Mostly indoors                  Mostly outdoors                  Indoors and outdoors

**In the past month, has your pet taken any medications or home remedies?**    Yes                  No  
If yes, please describe:

**In the past month, has your pet been given anything for fleas or ticks?**    Yes                  No  
Products given:

**If the animal is female, has she ever had puppies/kittens before?**    Yes    No    Don't know  
How many litters has she had?                          Date last litter born:  
Date of last heat cycle:    Could she be pregnant?    Yes    No    Not Sure

**Do you have any medical concerns with your pet?**                  Yes                  No  
If yes, please explain: \_\_\_\_\_

**What time did your pet last eat?** \_\_\_\_\_

*I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that false statements and missing information may endanger the health and safety of my pet.*

**Initials** \_\_\_\_\_

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**Signature required on the reverse side.**