

**SURGICAL STERILIZATION CONSENT & AUTHORIZATION**

Pet's Name: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Referring Hospital: \_\_\_\_\_

- I elect and consent for sexual sterilization surgery (spay or neuter) to be performed on my pet by Dr. Lauren Hamil, DACVS-SA.
- I understand this is a permanent surgery and is not reversible. I understand that my pet will not be able to reproduce or be bred in the future following sexual sterilization surgery.

I hereby grant permission for my pet to undergo sexual sterilization surgery performed by Dr. Lauren Hamil, DACVS-SA.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client's signature

Client's phone number

Date