

Effective Date: 10.06.2020

Revision Date: 01.07.2020



POLICY DIRECTIVE

Policy Title: Spay/Abortion Agreement

Related Policy Manual: HARC

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SPAY/ABORTION AGREEMENT

Rescue Name: _____

Date: _____

If there is suspicion of a possible pregnancy, every attempt will be made to identify a confirmed pregnancy during the physical exam. If she is deemed pregnant, you will be notified. However, if the doctor discovers that a dog is pregnant after induction to surgery, I, _____, hereby request to NOT abort the pregnancy. The abdominal wall and skin will be closed, and the dog will be recovered. I, _____, understand that I will still be charged the full cost of the procedure, even if the surgery is not fully completed due to the pregnancy.

INITIALS

Signature: _____

Date: _____