



SPAY ME! CLINIC SURGICAL RELEASE FORM



ALL CATS MUST ARRIVE IN SECURE CARRIERS AND ALL DOGS ON LEASH.

Patient name(s) <i>(3 Max per Release)</i>	① _____	② _____	③ _____
PRINT NAME of owner <i>(or authorized agent)</i>	_____		
Address	_____		
City/State/Zip	_____	County:	_____
Household Income <i>(informational purposes only)</i>	<input type="checkbox"/> \$0- \$5,000	<input type="checkbox"/> \$5,001- \$20,000	<input type="checkbox"/> \$20,001- \$40,000 <input type="checkbox"/> \$40,001-\$60,000 <input type="checkbox"/> \$60,000 +
Two Phone #s: (IMPORTANT)	_____	_____	Email: _____

I understand the following: (Please initial each box)

- _____ On Spay/Neuter days, Spay Me! focuses specifically on the spaying and neutering of healthy animals with normal anatomy. If you have further concerns, please discuss scheduling a wellness appointment with the clinic.
- _____ All surgeries and the use of anesthetics and drugs present some risk of complication, possibly including injury or death.
- _____ The surgery performed is a major surgery. Pregnant females or those in heat may be spayed but the risk to the animals *may be* increased. Every reasonable precaution and the best possible medical care will be exercised while the animal is a patient at our clinic. This may include the decision not to perform surgery at the veterinarian's discretion.
- _____ No advanced diagnostics will be performed prior to surgery. Some medical conditions, which may increase the patient's risk, may not be detected/detectable without such testing.
- _____ I am solely responsible for informing Spay Me! Spay/Neuter clinic of any preexisting conditions.
- _____ Spay Me! does not routinely place intravenous catheters or run intravenous fluids on our surgical patients. Shelter from the Storm and Spay Me! does not endorse any practices concerning the care or housing of animals that in any way violates any local ordinances.
- _____ *Unposted Fees:* In some instances, charges for services rendered may still be in the processing stage when I pick my animal up. I agree to pay for these charges when a final bill is received.

OUTDOOR CATS: I understand that by selecting the outdoor package, my cat will receive an ear tip. **CIRCLE: YES NO**

Consent form and waiver:

I request that Spay Me! Clinic provides services for my animal. I agree to waive any or all claims against SFTS, the officers, employees and volunteers in the event of escape, injury, complications, or death of my animal. I have read, understand and agree to follow all aftercare instructions provided by Spay Me! and/or my veterinarian. I will seek the care of a veterinarian or Spay Me! for any suspected post surgical complications and bear full financial responsibility for any expenses incurred. I hereby declare under penalty of perjury that I am the owner (or authorized agent) of the above described animal(s) and that I have not withheld any information regarding known pre-existing medical conditions.

Signature: _____

Date: _____

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