

Cat Name(s)

## Surgical & Services Release

I request surgical spay/neuter and other services from Alter-Ations Inc's CATsNIP Clinic. I declare, under penalty of perjury, that I care for the cat(s) listed above, and/or that I am properly authorized to present the cat(s) for surgery and services. I have read, understood, and agree to the "Clinic Policies", and have had the opportunity to ask questions for anything that I do not understand.

I declare that I have been feeding these cat(s), or have direct knowledge that these cat(s) are being fed regularly. I have no reason to believe that they are living an inhumane lifestyle. I certify that, to the best of my knowledge, any cat(s) that I present to the CATsNIP Clinic today has/ have not bitten anyone in the preceding 10 days.

I have read, understood and agree to the policy for ear tipping in "Clinic Policies". I agree that each cat and kitten spayed/neutered today, or determined to have been spayed/neutered prior to today, and, IF A BARN OR FERAL CAT, will have one ear tipped to allow ease of recognition upon re-release.

I recognize and understand the risks inherent to anesthesia and surgery, particularly for cat(s) who are pregnant, in heat, injured, sick, and/or have no medical history available. I understand that the cat(s) undergo only a basic pre-anesthetic evaluation by a veterinarian which does NOT include blood work or fecal exam. By presenting these cat(s) for surgery, I accept the risks for any underlying health problem that would complicate recovery and/or survival from anesthesia and/or surgery.

I agree to hold Alter-Ations Inc harmless should any cat(s) die before, during or after surgery, or experience complications not resulting in death. I understand that any cat(s) presented for surgery who will be released to a free roaming lifestyle and if the cat(s) experiences a serious adverse reaction to anesthesia, and/or surgery, or deemed by our veterinarian to be seriously ill, seriously injured, or unlikely to humanely survive if released to a free roaming lifestyle, may be humanely euthanized without further consent by me. By signing this Surgical & Services Release, I give consent at this time for the veterinarian to use his/her discretion and I give permission for euthanasia in advance to any and all cat(s) that I present to the CATsNIP Clinic, today for spay/neuter.

I understand the fee schedule for services and that I may make a donation in addition to paying for the services. I agree to pick up the cat(s) following surgery as directed. I understand that if I fail to pick up the cat(s) as directed, the cat(s) may be declared abandoned and will be handled as such.

IF THE CAT IS A FERAL, BARN, OR STRAY, I PROMISE TO SEE THAT S/HE RECEIVES FOOD, WATER, AND NECESSARY CARE ON A REGULAR BASIS WHEN RETURNED AFTER SURGERY TO THE LOCATION FROM WHICH S/HE WAS COLLECTED OR TO AN ALTERNATE LOCATION IF PROHIBITED FROM RETURNING TO ITS ORIGINAL LOCATION. I ACKNOWLEDGE THAT ONCE RELEASED, SOME CATS MAY NOT RETURN.

I AGREE TO HOLD HARMLESS AND INDEMNIFY Alter-Ations Inc, the CATsNIP Clinic, its agents, officers, employees and/or volunteers from any losses, injuries and damages to myself and/or to the cat(s) arising out of, or in any way connected to, the services requested herein. This includes, but is not limited to trapping, transport, treatment, sedation, testing, vaccinations, surgery, recovery, and release of the cat(s).

I certify that I am fully informed of the contents of this Surgical & Services Release by reading it and by asking questions to clarify the information. I completely understand and agree with its content before signing it.

Name \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Signature \_\_\_\_\_

Alter-Ations, Inc. CATsNIP Clinic 315 E. Decker St, Suite, Viroqua, WI 54665; 608-638-6887 [www.catsnipclinic.org](http://www.catsnipclinic.org)

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Date \_\_\_\_\_