



## Authorization and Consent | Medical Release Form

Please complete this form to the best of your ability. Please print clearly.

### Owner / Authorized Agent Personal Information

Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone # (Primary): \_\_\_\_\_ Phone # (Secondary): \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

### Individual Cat Information

Please list the name, physical description, and gender of each cat:

Cat 1 \_\_\_\_\_  
 Cat 2 \_\_\_\_\_  
 Cat 3 \_\_\_\_\_

To the best of my knowledge, I certify that the cat(s) I am releasing to the care of Cat Action Team (CAT) \_\_\_ HAS / \_\_\_ HAS NOT previously bitten a person or other animal. If you check "HAS," please briefly explain the circumstances of each bite on a separate page, including the date of each bite, if known.

Please describe the reason(s) for the veterinary office visit:

\_\_\_\_\_  
 \_\_\_\_\_

### Requested Medical Services

Basic Services			
<input type="checkbox"/> Spay/Neuter	<input type="checkbox"/> FVRCP	<input type="checkbox"/> Rabies	<input type="checkbox"/> Left Eartip
Extra Services			
<input type="checkbox"/> Microchip	<input type="checkbox"/> Ear cleaning	<input type="checkbox"/> Fecal test	<input type="checkbox"/> Parasite meds
<input type="checkbox"/> FIV/FelV Test	<input type="checkbox"/> Wound Care	<input type="checkbox"/> Convenia	<input type="checkbox"/> Mat Shaving
<input type="checkbox"/> Other (please describe):			
_____			
_____			

**Cat Action Team**



I understand that the veterinarian/clinic that CAT partners with will not be performing a comprehensive health exam on the cat or evaluating pre-anesthetic bloodwork. I have been informed of and understand the risks involved, but if in the opinion of the attending veterinarian, the cat is an acceptable surgical candidate, sterilization or other procedures will be performed regardless of the cat's sex or medical condition, including pregnancy or in heat.

If I cannot be reached, I consent to other procedure(s) found necessary to avoid a second anesthetic event (hernia repair, baby tooth removal, etc.). I understand that my cat might receive a tattoo along the incision site. I understand that my cat may be ear-tipped for the purpose of identifying that is has been altered.

### Medical Release Acknowledgement

*Please read the below carefully.*

While anesthesia and surgery are commonplace in veterinary medicine today, they do come with certain inherent risks. It is important for you to understand that the risk of injury or death, although extremely low, is always present as it is for humans who undergo surgery. Some animals may have sensitivities or reactions to the medications and surgical materials used and these cannot be predicted. Underlying medical or surgical conditions cannot always be detected on the physical exam performed on a cat. There is a low risk of complications, but it is important that you are aware of the risks of these procedures. CAT cannot be held responsible for death or injury due to such complications, complications resulting from failure to follow post-op instructions, or complications due to contagious diseases for which the cat was not previously and properly vaccinated.

I hereby release Cat Action Team, its officers, directors, employees, and volunteers, as well as, the partner veterinarians and their clinic staff who provide services, transportation, boarding, care and/or treatment to your cat(s) pursuant to this Authorization (the "Released Parties"), from any and all claims arising out of or connected with the provision of such services, transportation, boarding, care and/or treatment. I agree that I waive the right to pursue legal proceeding and/or other action seeking compensation from any of the Released Parties regarding the services, transportation, boarding, care and/or treatment provided and/or any consequences related thereto.

I certify that I am the Owner or Acting Agent of the animal described above, am 18 years of age or older, and have legal authority to authorize the services requested. I hereby authorize CAT and its agents, volunteers, partner veterinarians and staff to perform the services requested.

\_\_\_\_\_  
**Print Name**  
**Owner/Authorized Agent**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**  
**Owner/Authorized Agent**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

#### Cat Action Team

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