

**The Dr. Leslie Tubb Spay & Neuter Project (The Tubb Project) uses qualified staffing and approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery. Carefully read and initial beside each statement listed below.**

\_\_\_\_\_ I, acting as owner/agent of the pet named above, hereby request and authorize the Tubb Project, through whomever veterinarians they may designate, to perform an operation of sexual sterilization of the animal named on the above portion of this form.

\_\_\_\_\_ I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service.

\_\_\_\_\_ I understand the inherent risks of failing to maintain current/recommended vaccinations (DHPP, FVRCP, etc.) and waive all claims arising out of or connected with the performance of this operation due to such failure. I understand that it takes up to two weeks for vaccinations to protect my animal.

\_\_\_\_\_ I certify that my animal is in good health.

\_\_\_\_\_ I certify that my animal has had no food since 12:00 midnight the evening prior to surgery. I understand that the Tubb Project has the right to refuse service to any animal to whom surgery is deemed a health risk.

\_\_\_\_\_ I understand that the Tubb Project may not perform a complete physical exam before surgery is performed. I also understand that my animal will not receive pre-operative bloodwork and waive my right to have this service performed prior to surgery at a full-service veterinarian.

\_\_\_\_\_ I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, estrus (heat), and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and heartworms.

\_\_\_\_\_ I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.

\_\_\_\_\_ I understand that my animal may receive a small tattoo on his/her underside to show that he/she has been sterilized.

\_\_\_\_\_ By leaving your pet today, you understand that the Tubb Project may take photographs of your pet(s) and use those photos for any lawful purpose such as publicity, grant reporting, advertising, and web content.

\_\_\_\_\_ I understand that if I do not retrieve my pet at the agreed upon time that the Tubb Project will exercise its right to either turn the animal over to the nearest animal shelter or dispose of as deemed just and proper as allowed by the state of Mississippi.

\_\_\_\_\_ I hereby release the Dr. Leslie Tubb Spay & Neuter Project, Crossroads Animal Hospital, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner/agent hereby agrees to indemnify and hold the Tubb Project harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_