

Waiver / Release For Participation in Spay & Neuter Clinic

I hereby consent and authorize Save the Strays Schuylkill, their associates, volunteers to receive, transport our cat(s) to a lower cost clinic on my behalf.

_____ Clinic Name and Date _____

At the clinic they will vaccinate and have sprayed or neutered by a licensed veterinarian the following animal or animals. I will not hold liable or responsible Save the Strays Schuylkill or the above mentioned clinic, or their officers, directors, members, agents, volunteers, or employees, and assigns for any and all claims, liabilities, losses, damages, changes, fees and expenses of every natures and character which I, or my animal(s) may sustain or insure by reason or on account of the attending, handling, treatments, vaccinations, and spaying/neutering of the animals listed below.

I understand that the animal(s) will not receive a pre-surgical exam, and that I am responsible for ensuring the animal(s) is in good health, and do not have any conditions which would cause complications for anesthesia or surgery. **I authorize the use of anesthesia as indicated by the veterinarians, and the procedure listed below, and I am fully aware of the risk associated and assume all responsibility. Accordingly, I hereby issue this release from liability, as it is thoroughly understood AND that I assume ALL risk. I have read the foregoing and agree.**

Signature & Date

Print Owner Name

Address (street)

(City, State, Zip)

Phone / Email

Description of Cat(s) Sex Ear Tip / No Tip Rabies / Distemper

When did cats eat last? _____ Amount Paid _____ Cash / Check # _____ / Other

I acknowledge that I have been give surgery after care instructions _____ Collected by: _____