



Community Cat Program Surgery Agreement

Caretaker/Patient Info: _____ Date of Drop-Off: ____/____/____

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Daytime/Cell Phone: _____ Email: _____

Emergency Contact (Name and Daytime Phone): _____

Feline Identification:

1) _____ 2) _____

3) _____ 4) _____

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Carefully read and initial the following before signing your name.

_____ I, acting as owner of the animal, hereby request/authorize the HSNEGA, through such veterinarians, to perform surgery for the sexual sterilization of the animal identified above.

_____ I understand surgery includes inherent risks up to and including possible injury or death of this animal resulting from the procedure and the use of anesthetics and drugs used in providing this service.

_____ I understand if I fail to retrieve the animal at the agreed upon release time, I will be charged a boarding fee of up to \$20 per night.

_____ I understand the animal will receive an EAR TIP and small tattoo on his/her underside to show she/he has been sterilized.

_____ I understand all felines presented through the Community Cat Program also will receive a Rabies and FVRCP vaccination after surgery.

_____ I understand HSNEGA is operating only as a surgical clinic and is unable to provide or be held liable for, any post-surgical complications or issues.

_____ I hereby release the HSNEGA, the veterinarians, the assistants and all of its officers, directors, employees, and volunteers from any and all claims arising out of or connected with the performance of this surgery or any adverse reactions resulting from other procedures.

_____ I understand that I, as the caretaker, am assuming responsibility for the post-operative care of this cat. Male cats must be monitored in a quiet, warm, dry location overnight and released in their original location the following morning. Female cats must be held overnight in a quiet, warm, dry location overnight and will be released the following evening.

_____ I understand that I, as the caretaker, need to provide appropriate nutrients (wet food or dry food and water) to any cat in my possession longer than 24 hours.

Signature: _____ Date: ____/____/____
(Authorized Agent)