

CATSNIIP STERILIZATION CONSENT AND RECORD

DATE: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Animal Name/ID Number: _____ Sex: _____

Color: _____ Age: _____ Breed: _____

How did you hear about us? _____

CONSENT FOR SURGICAL STERILIZATION

I, being of legal age and responsible for the animal described above, have the authority to grant CATSNIP, and its staff members, volunteers, or agents my consent to receive, transport, prescribe for, treat and/or perform sterilization surgery upon the animal named above.

I understand that modern techniques and trained staff will be used to care for all animals, and reasonable precautions will be used against injury, escape, or destruction of the animal. It is thoroughly understood that CATSNIP, its staff, volunteers, and agents will not be held liable or responsible in any manner and client assume all risks. If in the course of treatment a condition is discovered which requires medical attention or an additional procedure, such as hernia repair or the administration of IV fluids, the attending veterinarian may, in his absolute discretion, perform such procedure. I consent to these procedures and agree to pay reasonable additional charges, if any.

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy). I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian. I understand that animals may be identified with a permanent tattoo.

I also understand that all animals must be picked up from the clinic at the time designated by clinic staff on the same day as surgery. If I do not claim the animal, I understand that after 24 hours the animal will be considered abandoned and the animal will be disposed of as seen fit by the staff of CATSNIP. I understand that once any animal has been abandoned, I relinquish all ownership rights and will be held responsible for any and all medical costs including boarding expenses.

Signature: _____

Date: _____

SURGERY

Spay

Neuter

VACCINATIONS

Rabies

FVRCP

FeLV

OTHER SERVICES

FeLV/FIV Test

Fecal

Deworm

Microchip

Revolution (1)

Revolution (6)

CLINIC USE:

Weight: _____

Anesthesia TND _____ ml IM Metacam _____ ml IM

Suture 2-0 3-0 0 CG Vicryl Monocryl Polypropylene

Spay: Flank Ventral Pregnant: feti _____