

Surgical Release Form

Prevent Homeless Pets (PHP) is a non-profit 501 (C 3) agency. Donations are tax deductible

Name _____ Phone # _____ Amount Paid \$ _____

Address _____ Cash _____

E-mail _____ Credit/Debit _____

Gender & age of person feeding cat: Male / Female Age _____ Check # _____

Occupation _____ Is this person on financial assistance? YES / NO

	Use one line per animal			Cats Only						
Office Use ↓	Description of animal—Dog or Cat, Breed, color, pets name, etc.	Age K/P/A	Sex M/F	Feral ET √	Tame NET √	Felv/FIV Test √	FVRCP Da2Pv	Rabies √	Micro-chip	
√ Check mark each box that applies										

- I, acting as owner or agent of the animal(s) named above, certify that I have the authority to authorize surgery and hereby request and authorize Prevent Homeless Pets (PHP), through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal(s) named on the above portion of this form.
- I understand that the operation I have elected presents some hazards, and that injury to, or death of, an animal may conceivably result, for there is some risk in the procedure, and some risk in the use of anesthetics and drugs provided for the procedure.
- I understand PHP strongly recommends vaccination before surgery. I either certify that my animal has been vaccinated within one year prior to this date, or waive my right to protect my animal by having it vaccinated, or request recommended vaccinations at the time of surgery. I understand that it takes up to two weeks for vaccinations to protect my animal.
- I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of, or connected with the performance of this operation due to such failure. I understand that if my pet develops vaccine-preventable disease after surgery, I am responsible for treatment at my own cost.
- I understand that PHP may not perform a complete physical examination 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 **if my animal becomes ill after surgery** that I am responsible for the cost of treatment. I understand that PHP has a veterinarian available for follow-up only during limited hours and should my animal require care outside of those hours I will need to seek another full service veterinarian or emergency service at my expense.
- I understand that if my animal is pregnant, the pregnancy will be terminated at surgery. I agree that each animal spayed/neutered will have one ear tipped or be tattooed on the abdomen to permanently identify altered status. I acknowledge that once released, some cats may not return.
- I agree to pick up the animal(s) following surgery as directed. I understand that if I fail to pick up the animal(s) as directed, the animal(s) may be declared abandoned and will be handled as such.
- I agree to hold harmless and indemnify PHP, its agents, officers, employees and/or volunteers from any losses, injuries and damages to myself and/or to the animal(s) arising out of, or in any way connected to, the services requested herein. This includes, but not limited to, trapping, transport, treatment, sedation, blood draws, vaccinations, surgery, recovery and release.

Signature _____

Date _____