

## Surgical Release and Authorization

Owner Name \_\_\_\_\_ Date: \_\_\_\_\_

Cat Name/s \_\_\_\_\_

\_\_\_\_\_ The applicant hereby requests and authorizes the Cat Adoption Team (CAT), through whomever veterinarians they may designate, to surgically sterilize and provide other requested medical services to the above-described animal.

\_\_\_\_\_ The undersigned applicant hereby personally guarantees that s/he is the legal owner of the above-described animal and that the information on this application about the animal is true to the best of his/her knowledge. The applicant agrees to indemnify and hold harmless the CAT organization, its members and volunteers, the veterinarian service provider and clinic employees, and any other affiliates against any liability resulting from the services or treatments provided to the animal pursuant to this Release.

The applicant also acknowledges that they are aware of the following:

\_\_\_\_\_ That the risk of injury or death to the animal, while extremely low, is always present when undergoing anesthesia, surgery, and medical treatment.

\_\_\_\_\_ That my cat has had no food (if over 4 months of age) since midnight last night.

\_\_\_\_\_ That veterinarians utilized by CAT have the right to refuse service to any animal to whom surgery or anesthesia is deemed a health risk.

\_\_\_\_\_ That entering a shelter environment, as well as any surgical intervention, can increase the incidence of infectious disease and that the owner assumes all financial responsibility should treatment for these diseases become necessary.

\_\_\_\_\_ I, the undersigned owner of the pet identified above, am financially responsible for any additional services requested and will pay in full at the time my pet is discharged from the hospital.

\_\_\_\_\_ I verify that I will reclaim my animal by the time the shelter closes on the day of the surgery or will be charged \$15.00 per day.

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\_\_\_\_ Post-operative complications arising from surgery can be evaluated and treated at Cat Adoption Team. Please call (503)925-8903, noon-6pm Tuesday through Sunday if you think your pet is having a problem following surgery. No payment or reimbursement will be made for medical care provided by your veterinarian or an emergency clinic.

\_\_\_\_ That as long as, in the opinion of the attending veterinarian, the above described animal is an acceptable surgical candidate for sterilization, the procedure will be performed regardless of that animal's sex or medical condition (including pregnancy).

\_\_\_\_ That if my cat is found to have an umbilical hernia (abdominal body wall defect) or cryptorchid (undescended) testicle, the veterinarian may surgically correct these at the time of alter. I understand that if either of these procedures is needed, there will be one or more additional surgical incisions and pain medication is highly recommended.

\_\_\_\_ In the event that my cat's temperament does not permit a thorough preoperative examination prior to the procedure, I still request that the veterinarian proceeds with anesthesia and surgical sterilization.

\_\_\_\_ That the veterinarian has my permission to provide treatment if unexpected life-saving care is required; I agree to assume financial responsibility for all fees and will pay in full at the time my pet is discharged from the hospital.

\_\_\_\_ That my cat will receive permanent identification of the surgery in the form of a small green line on the abdomen so they may be identified as altered to avoid unnecessary attempts to spay or neuter the cat in the future.

\_\_\_\_ CAT has my permission to use any photo of my pet taken today to publicly promote CAT. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

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

\*Spay & Save is supported by the Animal Shelter Alliance of Portland (ASAP)\*