



## Spay It Forward Program Surgical Release Form (Stray or Free-Roaming Cat)

Cat(s):

I, the undersigned, hereby request surgical spay/neuter services through the Paw Prints Animal Rescue ("PPAR") Spay It Forward Program. I declare under penalty of perjury that I care for the cat(s) listed above and/or that I am properly authorized to present the cat(s) for the indicated surgery. I have read, understand and agree to the following policies and have had the opportunity to ask questions concerning anything that I do not understand.

- I declare that I have been feeding these cat(s), or have direct knowledge that these cat(s) are being fed regularly. I have no reason to believe that they are living in an inhumane environment.
- I certify that, to the best of my knowledge, any cat(s) I present for spay/neuter services have not bitten anyone in the preceding 10 days.
- I understand that these cat(s) will be scanned for a microchip, and if a microchip is found, further procedures will not be performed. PPAR will make all efforts to contact the registrant of the microchip and inform him/her how the cat was transported to the clinic and how best to retrieve the cat.
- I understand and agree to the policies of tattooing and ear tipping. **I agree that each cat and kitten spayed/neutered, or deemed previously spayed/neutered, will have the left ear tipped if it is a barn cat, feral cat or free-roaming cat.** This procedure is for the safety of the cat as it allows for easy recognition of a previously altered and vaccinated cat. If the cat is friendly and being altered in hopes of finding an adoptive home, the left ear will not be tipped. All female cats will have an abdominal surgical site tattoo.
- I recognize and understand the risks inherent to anesthesia and surgery, particularly for cat(s) that are pregnant, in heat, sick, injured, and/or have no medical history available. **I understand that the cat(s) do not undergo a pre-anesthetic evaluation by a veterinarian. By presenting these cat(s) for surgery, I accept the risks for any underlying health problems that would complicate recovery and/or survival from anesthesia and/or surgery.**
- I agree to hold PPAR and its veterinary agents harmless should any cat(s) die before, during or after surgery, or experience complications not resulting in death. **I understand that any cat presented for surgery to be released to a free-roaming lifestyle that experiences a serious adverse reaction to anesthesia, and/or surgery, or deemed by the veterinarian to be seriously ill, seriously injured or unlikely to humanely survive if released to a free-roaming lifestyle, may be humanely euthanized without further consent by me. By signing this Surgical Release Form, I give consent at this time for the veterinarian to use his/her discretion.**
- I understand that the Spay It Forward program services include: spay/neuter, rabies vaccination, FVRCP vaccination (feline distemper), ivermectin for parasite control, pain medication that is given by injection at the time of surgery, abdominal tattooing for females and if a free-roaming cat, left ear tipping.
- I agree to pick up the cat(s) following surgery as directed. I understand that if I fail to pick up the cat(s) as directed, they will be declared abandoned, and will be handled as such.
- I promise to see that all cats receive food, water and necessary care on a regular basis when returned to the location from which they were collected or to an alternate location if prohibited from returning to their original location. I acknowledge that once cat(s) are released, some cats may not return.
- I agree to hold harmless and indemnify PPAR and its veterinary agents, officers and/or volunteers from any losses, injuries and damages to myself and/or to the cat(s) arising out of, or in any way connected to, the services requested herein. This includes, but is not limited to: trapping, transport, treatment, sedation, viral testing, vaccinations, surgery, recovery and release of the cat(s).
- I certify that I am fully informed of the contents of this Surgical Release Form through reading it and by asking questions to clarify information. I completely understand and agree with its content before signing this document. *Initials:* \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone (home)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone (cell)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date