



## Outreach Program Surgical Release Form

(Owned Cat or Dog)

Pet(s):

I, the undersigned, hereby request surgical (spay/neuter) and certain medical services through the Paw Prints Animal Rescue ("PPAR") Outreach Program. I declare under penalty of perjury that I care for the pet(s) listed above and/or that I am properly authorized to present the pet(s) for the indicated services. 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 certify that, to the best of my knowledge, the pet(s) I present for services have not bitten anyone in the preceding 10 days.
- I recognize and understand the risks inherent to anesthesia and surgery, particularly for animals that are pregnant, in heat, sick, injured, and/or have no medical history available. **I understand that the pet does not undergo a pre-anesthetic evaluation by a veterinarian. By presenting this pet 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 pet(s) die before, during or after surgery, or experience complications not resulting in death. **I understand that any pet presented for surgery 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, may be humanely euthanized after consultation with me.**
- I understand that the Outreach Program services include:
  - \_\_\_\_\_ Spay/neuter surgery
  - \_\_\_\_\_ Rabies vaccination for animals 14 weeks and older
  - \_\_\_\_\_ FVRCP vaccine for cats or DHPP vaccine for dogs
  - \_\_\_\_\_ FeLV/FIV test for cats and kittens or heartworm test for dogs and puppies over the age of 6 months
  - \_\_\_\_\_ Ivermectin for parasite control
  - \_\_\_\_\_ Pain medication given by injection at the time of surgery
  - \_\_\_\_\_ Abdominal tattooing for female cats and dogs
- I agree to pick up the pet(s) following surgery as directed. I understand that if I fail to pick up the pet(s) as directed, they will be declared abandoned, and will be handled as such.
- 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 pet(s) arising out of, or in any way connected to, the services requested herein. This includes, but is not limited to: transport, treatment, sedation, viral testing, vaccinations, surgery, boarding and recovery of the pet(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