

# SURGICAL RELEASE FORM



I, the undersigned, hereby request surgical spay/neuter with Sparta TNR. 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 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 an inhumane lifestyle.

I certify that, to the best of my knowledge, any cat(s) I present to Sparta TNR, now or in the future, have not bitten anyone in the preceding 10 days.

I understand that these cat(s) will be scanned for microchips, and that if a microchip is found, Sparta TNR will attempt 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 regarding ear tipping and that each cat and kitten spayed/neutered, or deemed previously spayed/neutered, will have one ear tipped to allow ease of recognition upon re-release.

I recognize and understand the risks inherent to anesthesia and surgery, particularly for cat(s) that are pregnant, in heat, injured, sick, and/or have no medical history available. I understand that the cat(s) do not undergo a preanesthetic evaluation by a veterinarian only a physical preoperative exam.. By presenting these cat(s) for surgery, I accept the risks for any underlying health problem that would complicate recovery and/or survival from anesthesia and/or surgery.

I agree to hold Sparta TNR harmless should any cat(s) die before, during or after surgery, or experience complications not resulting in death.

By signing this Surgical Release Form I give consent at this time for the veterinarian to use his/her discretion.

I understand that any free roaming cat(s) that appears to be unwell, suffering or unable to survive a humane lifestyle may not have surgery performed at this time.

I understand that I have the option to make a donation for vaccines, flea control, and other services.

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, the cat(s) may 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 after surgery 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 released, some cats may not return.

I agree to hold harmless and indemnify Sparta TNR, its agents, officers, employees and/or volunteers and any organization(s) with whom Sparta TNR may partner and the agents, officers, employees and/or volunteers of such organization(s) 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 or provided 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 the information. I completely understand and agree with its contents before signing it.

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

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

Surgery Date: \_\_\_\_\_