



**COMMUNITY CAT SPAY/NEUTER
SURGERY CONSENT FORM**
4300 Stine Road, #720, Bakersfield, CA 93313
661-831-6000

Animal ID# _____

CLIENT INFO	Surgery Date: _____	
	Owner/Trapper: _____ Cell Phone: _____ Home Phone: _____ Address: _____ City: _____ ZIP: _____ Email: _____	Payment: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Cash \$ _____ <input type="checkbox"/> Card \$ _____ <input type="checkbox"/> Donation \$ _____
PATIENT INFO	Cat Name: _____ (name may be assigned if not given) Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Unknown Approx. Age: _____	Color(s) – Check all that apply: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Brown <input type="checkbox"/> Grey <input type="checkbox"/> Cream <input type="checkbox"/> Orange <input type="checkbox"/> Tabby <input type="checkbox"/> Calico <input type="checkbox"/> Tortoiseshell <input type="checkbox"/> _____ Hair: <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long
	Cat Vaccines & Services X Feline Distemper Vaccine X Rabies Vaccine X Ear Tip X Tattoo Additional Options <input type="checkbox"/> Feline Leukemia Vaccine - \$18 <input type="checkbox"/> Flea Treatment - \$25	
TERMS	Please read carefully and ensure you understand the following:	
	I understand the operation I have elected presents some hazards , and that injury to and post-operative infection in, or death of, the animal may conceivably result, for there is some inherent risk in the procedure and in the use of anesthetics and drugs provided for the procedure, as well as any vaccines used. I understand that general anesthesia will be administered to the animal for surgery. I understand and accept these risks to the animal.	
	I understand that cats arriving in traps as part of the feral cat/community cat program will not receive a pre-surgical examination . I understand that some factors significantly increase surgical risk, including but not limited to pregnancy, being in heat, and diseases such as Feline Immunodeficiency Virus (FIV), Feline Leukemia virus (FeLV), and upper respiratory infections, and I accept the increased risk that arises with these conditions.	
	I understand the animal will receive an ear tip on their right ear to easily identify their sterilized status as well as a small tattoo on his/her underside.	
	I acknowledge that this cat was trapped on property I own/rent/lease or on property where I have the authorization from the property owner/manager to trap free roaming/community cats.	
	I understand that post-op care may or may not be possible for community cats due to their unhandleable nature. I also understand that while booster vaccinations are recommended, Critters Without Litters will only provide vaccinations for unhandleable cats at the time of spay/neuter surgery.	
I have read the additional terms on the reverse side of this form.		
CONSENT	By signing, I acknowledge that I have read, understood, and agree to all the terms listed and confirm that all the information given on this form is correct.	
	Owner/Trapper Signature	Date

SPAY/NEUTER SURGERY WAIVER AND RELEASE

I am over the age of 18 and the lawful owner (or the owner's authorized representative) of the animal described on the front of this form. I am delivering this animal to Critters Without Litters for certain medical treatment as follows:

SPAY/NEUTER SURGERY AND/OR VACCINATIONS

I agree to be bound by the following terms and conditions:

1. Authorization for Procedure. To the best of my knowledge, the cat I have delivered to the clinic is in good health and is able to undergo the medical procedure. I hereby authorize Critters Without Litters to receive, treat, prescribe, care for and house my animal and to perform such anesthetic, medical, surgical and therapeutic procedures as indicated.

2. Acknowledgement of Risks. I understand that the cat I have delivered to Critters Without Litters may be exposed to other animals that have not been appropriately vaccinated or that have been exposed to contagions and illnesses. I also understand that local and/or general anesthesia will be administered to the cat and a medical procedure will be performed on the cat; this involves uncertainty and risks to said animal. I understand and acknowledge this information and I assume all risks associated with the anesthesia and medical procedure, including any adverse effects, illness or death. If the cat is receiving a spay/neuter procedure, I understand that the cat will receive an ear tip on their right ear to easily indicate that he/she has been surgically sterilized, as well as a small tattoo on his/her underside. I understand that cats coming to the clinic in a trap as part of the feral/community cat program do not receive a pre-surgical examination. I also understand that the attending veterinarian performing the medical procedure has the right to decline to perform any procedure on any animal for any reason. If, in the course of treatment or during the procedure, the animal is found to be pregnant, the pregnancy will automatically be terminated. If any other condition is discovered that requires medical attention or an additional procedure(s), we will call the owner or authorized representative at the phone listed on this form. *If we are unable to reach the owner or authorized representative in a timely manner, the attending veterinarian may in his/her absolute and sole discretion, perform such procedure(s) without seeking additional authorization or consent from the owner or authorized representative.* I consent to any such additional procedure(s) and agree to take full responsibility, financial and otherwise, if the animal becomes ill.

3. Post-Procedure. I understand that when the cat is returned to me, it is considered to be ready for release upon pick-up, and **I agree to release the cat back at the location where it was originally trapped.** I understand that it is necessary to return the cat to its previous community and that I am not to relocate the cat to another location.

4. Animal Pickup. I understand that the cat(s) shall be picked up from the clinic by me, or by someone authorized on my behalf, at the time designated by the clinic staff. If my animal is not picked up at the designated time on that day, I understand that Critters Without Litters will exercise its right to either turn the animal over to Bakersfield City Animal Control or dispose of the animal as deemed just and proper, and as allowed by the State of California under CC 1834.5. Owners of pets left after the agreed date and time shall be charged a boarding fee of no less than \$100 per night. At the cessation of the workweek, any remaining animals that have not been picked up will be turned over to Animal Control for staff safety and liability issues.

5. General Release and Waiver. I understand that Critters Without Litters will rely on my representations made in this agreement. I know that this is a legal document and I promise that to the best of my knowledge everything that I have said is true. No one has forced me to sign this document. I am willing to sign this waiver and release agreement because Critters Without Litters will provide the spay, neuter or vaccination as I requested, and I am consenting to the medical procedures being performed on the cat and all related activities of any kind and acknowledge that I understand that all risk, whether known or unknown, is expressly assumed by me and all claims, whether known or unknown, are expressly waived in advance. On behalf of myself, my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless, Critters Without Litters and its directors, officers, employees, volunteers and agents from any claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with the medical procedure performed on the animals and all related activities of any kind including without limitation other treatment and care given to the animals or the housing of the animals. By signing this Waiver and Release Agreement, I am consenting to the medical procedures being performed on my animal and all related activities of any kind and acknowledge that I understand that all risk, whether known or unknown, is expressly assumed by me and all claims, whether known or unknown, are expressly waived in advance.

I also understand and agree to permit Critters Without Litters to use my name and pictures of me and/or my animal for publicity or promotional purposes without liability or obligation to me.