

SURGICAL RELEASE FORM

CAT(S) #

I, the undersigned, hereby request surgical spay/neuter at the Feral Cat Spay/Neuter Project. 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, understood and agree to the “Clinic Policies For Free Surgical Services,” 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 an inhumane lifestyle.

I certify that, to the best of my knowledge, any cat(s) I present to the Feral Cat Spay/Neuter Project, 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, further procedures will not be performed. The Feral Cat Spay/Neuter Project 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 have read, understood and agree to the policies for ear tipping and tattooing in “Clinic Policies For Free Surgical Services.” I agree that each cat and kitten spayed/neutered, or deemed previously spayed/neutered, will have one ear tipped or may be tattooed on the abdomen 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. 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 the Feral Cat Spay/Neuter Project harmless should any cat(s) die before, during or after surgery, or experience complications not resulting in death. I understand that any cat(s) presented for free surgery to be released to a free roaming lifestyle that experiences a serious adverse reaction to anesthesia, and/or surgery, or deemed by our 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; in addition, I give permission for euthanasia in advance for any and all cat(s) that I present to the Feral Cat Spay/Neuter Project, today or in the future, for free spay/neuter.

I understand that any free roaming cat(s) who appears to be unwell, suffering or unable to survive a humane lifestyle will be euthanized. By signing this Surgical Release Form I give my authorization for euthanasia in this circumstance.

I understand that I have the option to make a donation for FVRCP vaccines, flea control and/or blood draws.

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 the Feral Cat Spay/Neuter Project, its’ agents, officers, employees 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 the information. I completely understand and agree with its’ contents before signing it. *Initials:* _____

_____	_____ / _____
Print Name	Surgery Date
_____	_____
Organization	Phone #1 Phone #2
_____	_____
Address	Email Address
_____	_____
City, State, Zip	Signature