

SPCA Florida TNVR Program Surgical Release Form

____ I, being of legal age and responsible for the animal describe above, hereby request surgical spay/neuter at the SPCA Florida. I have the authority to grant SPCA Florida and its staff members including the Spay/Neuter Clinic and veterinarians, volunteers, Board of Directors or agents my consent and I hereby give such consent to receive, transport, prescribe for, treat and/or perform sterilization surgery upon the animal named above. I have fully disclosed all known pertinent medical history of the animal named above to the best of my ability. To my knowledge the animal is in good health and has not had food or treats since 12:00 midnight unless otherwise instructed by SPCA Florida.

____ I agree to release SPCA Florida and their volunteers, agents, and others from any claims of any liability that may arise from the procedures performed on cat(s) admitted for spay/neuter. I agree to hold harmless and indemnify SPCA Florida 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, vaccinations, surgery, recovery and release of the cat(s). This discharge and release of liability is absolute and complete, and covers any liability which may otherwise arise due to complications or errors by any medical personnel or others involved in the procedure on this date as well as on any future clinic date. I understand that SPCA Florida will not cover emergency after-hour fees/care.

____ I certify that, to the best of my knowledge, this cat I am presenting to SPCA Florida has not bitten anyone in the preceding 10 days.

____ I understand that this cat will be scanned for a microchip, and that if a microchip is found, further procedures will not be performed unless the chip is unregistered or we are contacted immediately and given permission for requested procedures by the chip registrant. SPCA Florida will attempt to contact the chip company and facilitate putting the person who brought the cat in into contact with the registrant. By signing this form, I hereby permit SPCA Florida to share my contact information with the microchip company and/or the registered owner listed on this cat's microchip if applicable.

____ I understand that all cats serviced by the SPCA Florida TNVR project will receive an ear-tip (up to one-quarter inch cut from the top of the ear) and/or a 1/2-inch tattoo on the inside of their abdomen. An ear-tip is an easily recognizable sign that the cat is altered, and prevents the cat from being resubmitted for TNVR services in the future

____ 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) may not undergo a full pre-anesthetic evaluation by a veterinarian. I further understand that adverse reactions may occur with any sedation or surgical procedure. 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 SPCA Florida and their volunteers, agents and others harmless should any cat(s) die before, during or after surgery, or experience complications not resulting in death. I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy). I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian.

Continued on the Following Page

___ I understand that any cat(s) presented for SPCA Florida's TNVR program are assumed to be unowned/free roaming and if that cat experiences a serious adverse reaction to anesthesia, and/or surgery, or is deemed by our veterinarian to be seriously ill, seriously injured, or unlikely to humanely survive if released to a free roaming lifestyle, the attending veterinarian will humanely euthanize the cat. Every effort will be made to contact the caretaker before euthanizing a cat, but in some situations, the time constraints associated with a feral spay/neuter clinic may prevent this courtesy. By signing this Surgical Release form I give my authorization for euthanasia in this circumstance.

___ I agree to provide this cat with any and all follow-up care that may be needed, after surgery. This may include, but is not limited to, seeking veterinary care for any postoperative complications, related to or unrelated to spay/neuter surgery, as well as treatment and/or follow-up for any administered treatments and/or pre-existing conditions. I understand that SPCA Florida is not responsible for any medical and/or veterinary expenses incurred by myself, the Owner, after spay/neuter surgery. I agree to indemnify and hold harmless the SPCA Florida from any and all claims, damages, and causes of action that may arise from the procedures or operations to be rendered, and from other medical care arising there from.

___ I agree to pick up the cat following surgery as directed. I understand that if I fail to pick up the cat as directed, I will be responsible for late discharge fees and/or overnight boarding fees. If I, or my specified agent, does not claim the animal, I understand that after 24 hours that animal will be considered abandoned and the animal will be handled in accordance with policies established by SPCA Florida.

___ I understand that this facility is often a training site for veterinary students from accredited veterinary programs. I understand that the sterilization procedures may be performed by a veterinary student under the supervision of a licensed veterinarian.

___ I grant SPCA Florida, its representatives, and employees the right to take photographs and/or video of cat(s) I have left while at the clinic for surgery. I agree that SPCA Florida may use such photographs and/or video of my cats with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

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.

Caretaker or Transporter Print Name: _____

Signature _____ **Date:** _____



5850 Brannen Road, Lakeland, FL 33813
(863)-646-7722