



CATFRIENDS SURGICAL RELEASE FORM

Cat(s) #

I, the undersigned, hereby request surgical spay/neuter at the Abandoned and Feral Cat Friends, hereafter referred to as CatFriends, sponsored spay/neuter surgery clinic. I declare, under penalty of perjury that I care for the cat(s) listed above and/or on the back of this form, and/or that I am properly authorized to present the cat(s) for the indicated surgery. I have read, understand, and agree to the "Clinical Policies for 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 understand that these cat(s) will be scanned for a microchip and that if a microchip is found, further clinic procedures will not be performed. CatFriends 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, understand, and agree to the policies for ear notching in the "Clinical Policies for Surgical Services". I agree that each feral cat and kitten spayed/neutered, or deemed previously spay/neutered will have one ear notched to have 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, aged, and/or who have no medical history available. I understand that cat(s) do not undergo a pre-anesthetic evaluation (e.g. blood work) 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 CatFriends, its agents, officers, directors, volunteers, contract veterinarians and their staff, landlord, sponsors, and co-animal welfare organizations harmless, defend and indemnify them 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 surgery that are to be re-released to a free, roaming lifestyle and 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 re-released into a free roaming lifestyle, may have to be humanely euthanized. In the event of this occurrence, every attempt to contact me (the registered caregiver, trapper, or presenter) will be made before euthanizing the cat in order to acquire informed consent or in the event that the trapper/caregiver wishes to take the cat to a private veterinarian for further assessment and treatment. If this is not possible, and our veterinarian deems the cat is acutely suffering, the euthanasia will be administered without my consent. By signing this Surgical Release Form, I consent at this time for the veterinarian to use his/her discretion; in addition, I give permission in such cases for euthanasia in advance for any and all cat(s) that I present to CatFriends for spay/neuter surgery today or in the future.

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 after-care and on a regular basis when returned after surgery to the location from which they were collected. I acknowledge that once released, some cats may not return.

I agree to hold harmless, defend and indemnify CatFriends, its agents, officers, directors, volunteers, contract veterinarians and their staff, landlord, sponsors and co-animal welfare organizations from any losses, injuries and damages to myself and/or 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, 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 provided. I completely understood and agreed with its contents before signing it. **Initials:** _____

Print Name

Surgery Date

Organization
(if applicable)

Phone No

Alt Phone No

Address:

Email Address

City, State, Zip Code

Signature