
Anesthesia/Surgery/Sterilization Consent Form

Name of Owner/Caretaker: _____ Home Phone: _____

Number of cats: _____ Phone Where You May Be Reached Today: _____

Trap ID #'s: **NONE** _____

PLEASE NOTE: All pets receiving services today will be microchipped, as required by law, if they are not previously chipped.

1. Requested vaccines and services (check if requested):

Cat: FVRCP Anti-Parasite

2. Are there any cats showing signs of illness? Please describe:

INFORMED CONSENT

I verify I am the owner/caretaker (or Authorized agent for the owner) of the above named pet and authorize the sterilization procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that additional personnel will be employed in the procedure(s) as directed by the veterinarian.

I understand that this procedure will result in the permanent sterilization of my pet. I understand the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals. I understand that it may become necessary to provide additional medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional medical procedures as are necessary in the veterinarian's professional judgement.

I have read, understand, and signed the Good Fix Participant Release, incorporated herein by reference, releasing Greater Good Charities and any authorized agents, staff, volunteers or representatives from any and all liability in connection with participation in this program.

Signature of Owner/Caretaker or Agent: _____ Date: _____