



Community Cat Program Surgery Agreement

Caretaker/Patient Info:

Date of Drop-Off: ____ / ____ / ____

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Daytime/Cell Phone: _____ Email: _____

Emergency Contact (Name and Daytime Phone) : _____

Feline Identification:

1) _____ 2) _____

3) _____ 4) _____

Carefully read and initial the following before signing your name.

_____ I, acting as owner of the animal, hereby request/authorize the HSNEGA, through such veterinarians, to perform surgery for the sexual sterilization of the animal identified above.

_____ I understand surgery includes inherent risks up to and including possible injury or death of this animal resulting from the procedure and the use of anesthetics and drugs used in providing this service.

_____ I, acting as owner of the animal, hereby request/authorize HSNEGA to humanely euthanize if any complications arise during the sexual sterilization of the identified animal above.

_____ I understand if I fail to retrieve the animal at the agreed upon release time, I will be charged a boarding fee of up to \$20 per night or HSNEGA may exercise its rights to turn the animal over to Hall County Animal Control.

_____ I understand that if the cat is not placed in a live, humane trap – I will be charged a trap transfer fee of \$10.

_____ I understand the animal will receive an EAR TIP on the left ear and a small tattoo on his/her underside to show he/she has been sterilized.

_____ I understand all felines presented through the Community Cat Program also will receive a Rabies vaccine and Revolution (Flea prevention) after surgery.

_____ I understand HSNEGA is operating only as a surgical clinic and is unable to provide or be held liable for any post-surgical complications or issues.

_____ I hereby release the HSNEGA, veterinarians, the assistants and all of its officers, directors, employees, and volunteers from any and all claims arising out of or connected with the performance of this surgery or any adverse reactions from other procedures.

_____ I understand that I, as the caretaker, am assuming responsibility for the post-operative care of this cat.

_____ I understand that I, as the caretaker, need to provide appropriate nutrients (wet food or dry food and water) to any cat in my possession longer than 24 hours.

Male cats must be monitored in a quiet, warm, dry location overnight and released in their original location the following morning. Female cats must be held overnight, in a quiet, warm, dry location overnight and will be released the following evening.

Signature: _____

(Authorized Agent)

Date: ____ / ____ / ____