



FELINE Surgical release/Veterinarian Authorization
 Hartz Second Chance 119 United Drive Collinsville, IL 62234

Date: _____
 618-975-4434

Owner/ rescue name: _____

Address: _____ **City/State/Zip:** _____

Phone number(s) to reach you today in case of emergency: _____

Pet name: _____ **Age:** _____ **M / F (circle)** **Weight** _____

Breed: _____ **Color:** _____

Hartz Second Chance (H2C) uses qualified staff and approved material for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present, just as it is for people who undergo surgery. **Carefully read the following before signing your name.**

I, acting as the owner or agent of the animal(s) named below, hereby request and authorize H2C through whomever veterinarians they may designate, to perform an operation for sexual sterilization, regardless of sex, of the animal(s) named above.

*I understand that the operation presents some hazards and that injury to or death of said animal may conceivably result, for there is some risk in the procedure itself and the use of anesthetics and drugs in providing this service arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right to compensation from them, or any of the veterinarians H2C may designate, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. I hereby agree to indemnify and hold H2C harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

*I understand that H2C does not have a full-time veterinarian on staff and assume full financial responsibility should post-surgical emergency treatment be required for this animal. If major post-surgical complications arise, I agree to contact my personal veterinarian for treatment and fully understand that H2C is not responsible for any medical bills incurred.

*I either certify that this animal is vaccinated within one year prior to today's date or waive my right to protect this animal by having it vaccinated or request recommended vaccinations at the time of surgery.

*I understand the inherent risks of failing to maintain current vaccination and waive all claims arising out of or connected with the performance of this operation due to such failure. I understand that it takes up to two weeks for vaccinations to protect this animal and vaccinations cannot prevent disease in an animal that has been infected prior to today.

*I understand H2C has the right to refuse service to any animal to whom surgery is deemed a health risk.

*I understand that H2C may not perform a complete physical examination before surgery is performed. I also understand that my animal will not receive pre-operative bloodwork and waive my right to have this service performed prior to surgery at a full-service veterinarian.

*I understand some factors significantly increase surgical risk, including but not limited to pregnancy, heat, and diseases such as FIV, FeLV, FIP, and heartworm.

*I understand if this animal is pregnant, the pregnancy will be terminated at the time of surgery.

*I understand the animal will be sterilized regardless of sex.

*I understand if I don't retrieve this animal at the agreed upon time, the animal will belong to H2C, unless other arrangements have been made.

*I hereby release H2C, all veterinarians, assistants, volunteers, and employees from any and all claims

List all medical conditions for which this animal is being treated: _____

Initial here: _____ **I certify this animal is in good health and has had no food since midnight the evening prior to surgery.**

Signature: _____ **Date:** _____