Scranton Spay/Neuter Division Release Form

Fill in completely with blue/black ink, sign at bottom or surgery cannot be performed.

Date: _____ Full Name: _____

Email: _____

Where do you live? Full address:

_____

Phone number:

_____ (Pickup within 1 hour of phone call – late fee $25)

Pet Cat(s): ____Male ____Female ____Unknown

Feral/Stray Cat(s): # _____ (Cats in traps that will be altered, ear tipped & returned outside.)

Name, age, color: _____

Address trapped (ferals): _____

Staff use only

S/N: _____50 _____100

Vax: R10 D15

Provecta 8 Effipro 15

Nails $10

Microchip $25

FIV/FeLV test $30

Misc. charges:

_____

_____

Rescue / Voucher:

_____

Subtotal: _____

Paid at drop-off:

_____

Owes at pickup up:

_____

All cats with possible ear mites will receive an ivermectin ear mite treatment at no additional cost. Please let staff know if you do not consent.

Scranton Spay/Neuter Division (SSND), a subsidy of St. Cats & Dogs Inc., uses qualified staffing and approved materials 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 humans who undergo surgery and anesthesia. Carefully read and understand the following before signing your name.

I, acting as owner or agent of the pet named above, hereby request and authorize SSND, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named/described on the above portion of this form.

I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service.

I either certify that my animal has been vaccinated within one year prior to this date or waive my right to protect my animal by having it vaccinated. Unless documented proof, a rabies vaccination will be given on day of surgery. I understand that it takes up to two weeks for vaccinations to protect my animal and the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of this operation due to such failure.

I certify that my animal is in good health and has had no food since 12:00 midnight the evening prior to surgery.
I understand that SSND has the right to refuse service to any animal for any reason or to whom surgery is deemed a health risk. If the animal is found already to be altered there will be no refund.

I understand that SSND may not perform a complete physical examination before surgery is performed. I also understand that my animal will not receive pre-operative bloodwork. I understand that some factors significantly increase surgical risk, including but not limited to, obesity, pregnancy, heat, and disease. I understand that if my animal is pregnant, the pregnancy will be terminated at surgery. Additional charges may be incurred. I understand that if my cat has an open umbilical hernia, it will be repaired at time of surgery at an additional charge of $15.

YOUR ANIMAL WILL RECEIVE A SMALL TATTOO ON THEIR UNDERSIDE TO SHOW THAT HE/SHE IS NOW STERILIZED.

I understand that the veterinarian performing this surgery is not available to deal with emergency post-operative complications but may be available for post-operative questions and review. If my animal is excessively licking/biting at the incision site, an Elizabethan Collar may be necessary. Please consult SSND staff and veterinarian(s) regarding e-collars. You may purchase an e-collar at most pet stores. I agree to seek private veterinary care for complications that may occur from not using an e-collar, improperly sized e-collar, or if SSND veterinarians are not available, which I will assume full financial responsibility.

I hereby release SSND, all veterinarians, assistants, volunteers, officers, directors, and employees from any and all claims 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 of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto.

Signature: _____ **Date:** _____