

Name \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

SPOT USA, 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. 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 SPOT USA, Inc. through whomever veterinarians they may designate, to perform an operation for sexual sterilization, and tattoo of the animal named 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 understand that SPOT USA, Inc. has the right to refuse service to any animal to whom surgery is deemed a health risk.

I understand that SPOT USA, Inc. may not perform a complete physical examination before surgery is performed. I also understand that my animal will not receive pre-operative blood work and waive my right to have this service performed prior to surgery at a full-service veterinarian.

I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, in heat, and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and heartworms.

I understand that if my animal is pregnant or in heat, the pregnancy will be terminated and there will be an additional charge.

I understand that if I don't retrieve my pet at the agreed upon time that SPOT USA, Inc. will exercise its right to either turn the animal over to the nearest humane society or dispose of as deemed just and proper as allowed by the State of Florida. Owners of pets who arrive to pick up their pet after the agreed pick-up time will be charged a late fee for every half hour they are late.

I hereby release SPOT USA, Inc. and all SPOT USA, Inc. veterinarians, assistants, volunteers, 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. Owner/ agent hereby agrees to indemnify and hold SPOT USA, Inc. 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, and natural disasters or acts of God.

By signing, I acknowledge I have read and understand this form. I will follow all post op instructions, otherwise I am responsible for after care emergencies.

\_\_\_\_\_

SIGNATURE

DATE

Spay/ Neuter Rabies vx Ear Tip Extras: RCP Felv/FIV test Leukemia vx Tape Deworm Ear mites Chervis/Revolution

**Veterinary Staff Use ONLY** Date: \_\_\_\_\_ Feral Cat Color \_\_\_\_\_

SPAY \_\_\_\_\_ in-heat \_\_\_\_\_ pregnant \_\_\_\_\_ NEUTER \_\_\_\_\_ cryptorchid abd / ingu \_\_\_\_\_ Umb. Herniorrhaphy \_\_\_\_\_

Suture PDS 0 2 3 Linea SC SI SQ NS SC SI Skin Intra dermal or External sutures Blade #10 #15

Atropine 0.54mg/ml \_\_\_\_\_ ml \_\_\_\_\_ Acepromzn. 10mg/ml \_\_\_\_\_ ml \_\_\_\_\_ Telazol 100mg/ml \_\_\_\_\_ ml IM / IV

Metacam \_\_\_\_\_ mg/ml \_\_\_\_\_ ml SC Convenia 80mg/ml \_\_\_\_\_ SC FelV + / - FIV + / - Earmites + / -

Praziquantel 56.8mg/ml \_\_\_\_\_ SC Capstar \_\_\_\_\_ mg PO / PR Ivermectin 1% \_\_\_\_\_ ml SC Ear Tip \_\_\_\_\_

**Post Anesthesia Exam Comments:** \_\_\_\_\_

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