

Authorization and Release of All Claims

- The Heaven Can Wait Animal Society, its staff members, and all other veterinarians, veterinary technicians, veterinary assistants, and volunteers associated with the Spay/Neuter Clinic, are authorized to provide spay/neuter related services to any animal(s) I present for care.
- I acknowledge that the animal undergoing this surgical procedure will be given pain medication at the veterinarian's discretion. This will help alleviate any discomfort to the animal. I acknowledge that during the performance of the spay/neuter procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure described above.
- I acknowledge and understand that during the performance of the spay/neuter procedure, unforeseen physical conditions such as: ear mites, tapeworms, or fleas may be revealed and the treating veterinarian has my express permission to use any means necessary, including off label medication, to diagnose and treat the condition in question.
- The nature of the procedure and the risks involved, have been explained to me, and I realize that favorable results cannot be guaranteed. Although recent advances in anesthesia and surgery techniques have made routine procedures relatively safe, I acknowledge that various risk factors, such as the overall health of the animal and risk of infectious diseases, may result in death or physical injury to the animal.
- It is highly recommended that my animal has his/her complete vaccinations prior to being exposed to other animals. I understand that my animal will be exposed to other animals while undergoing surgery at the Spay/Neuter Clinic, and if my animal is not fully immunized, or is kept outside he/she will have an increase risk of exposure to infectious diseases.
- I assume all risks and responsibilities of ownership of this animal and hereby expressly agree to release, hold harmless, indemnify, and defend the Heaven Can Wait Sanctuary, it's staff members, and all other veterinarians, veterinary technicians, veterinary assistants, and volunteers associated with the Spay/Neuter Clinic, from and against any and all liability for claims, lawsuits, or causes of actions, for any property damage or physical injuries resulting from any act of the animal.
- **I acknowledge that I must return to this location today and pick up the animal NO LATER than 4 PM unless I have been advised otherwise. I understand that if I fail to pick up my animal by the designated time, the animal will be boarded at the clinic and the owner will be charge a \$25.00 fee per pet. Between the hours of 4:00PM and 6:00AM, there are No Staff to oversee the care of the animal(s). Pets must be picked up between 7:00AM and 8:00AM the following day. Pets not claimed will be transported to the local shelter. I further understand that the owner and/or the owner's agent are responsible for payment of all costs associated with boarding.**

Owner Signature _____

Animal Name _____