

# Authorization and Release of All Claims

I, the undersigned, hereby grant authorization and release all claims related to the spay/neuter services provided by the Heaven Can Wait Animal Society, its staff members, and all associated personnel, including veterinarians, veterinary technicians, veterinary assistants, and volunteers at the Spay/Neuter Clinic. By initialing and signing below, I acknowledge and agree to the following terms:

## **Authorization for Spay/Neuter Services:**

The Heaven Can Wait Animal Society and its associated personnel are authorized to provide spay/neuter related services to any animal(s) I present for care. \_\_\_\_\_

## **Pain Medication and Procedure Variance:**

I understand that the animal(s) undergoing the surgical procedure may be given pain medication at the veterinarian's discretion. I acknowledge that unforeseen conditions may necessitate an extension or variance in the initially described procedure. \_\_\_\_\_

## **Acknowledgment of Inherent Risks:**

I understand that any anesthetic/surgical procedure carries inherent risks of complications, including but not limited to bleeding, allergic reaction, cardiac issues, and death. I accept responsibility for the costs associated with treating any complications. \_\_\_\_\_

## **Bloodwork and Risk Mitigation:**

I understand that bloodwork is recommended prior to surgery to screen for underlying conditions. Although bloodwork can reduce the risk of complications, it doesn't entirely eliminate them. I acknowledge that I am declining the option to pursue bloodwork prior to the procedure \_\_\_\_\_

## **Unforeseen Physical Conditions:**

I understand that unforeseen physical conditions, such as ear mites, tapeworms, or fleas, may be discovered during the spay/neuter procedure. As the owner, I authorize the treating veterinarian to use any necessary means, including off-label medication, to diagnose and treat such conditions. \_\_\_\_\_

## **Immunizations:**

All animals must have up-to-date rabies vaccinations, and it is strongly advised that your pet is fully vaccinated with core vaccinations (FVRCP/DA2PPV) before being in contact with other animals during surgery at the Spay/Neuter Clinic. I am aware that not meeting this requirement may heighten the risk of exposure to infectious diseases, including but not limited to Parvo/Panleukopenia and respiratory infections. \_\_\_\_\_

## **Assumption of Risks and Responsibilities:**

I assume all risks and responsibilities of ownership for this animal. I hereby release, hold harmless, indemnify, and defend the Heaven Can Wait Animal Society, its staff members, and all associated personnel from any and all liability for claims, lawsuits, or causes of actions, arising from property damage or physical injuries resulting from any act of the animal. \_\_\_\_\_

## **Pick-Up and Boarding Agreement:**

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 charged a \$75.00 fee per pet. Between the hours of 4:00 PM and 6:45 AM, there are **NO STAFF** to oversee the care of the animal(s). Pets must be picked up between 7:00 AM and 8:00 AM the following day. Pets not claimed will be transported to the local shelter. I further understand that I am responsible for payment of all costs associated with boarding. \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Animal(s) Name: \_\_\_\_\_

Date: \_\_\_\_\_