



# Pawprints on our Hearts

## Surgical Release Form

I, the undersigned, hereby request surgical spay/neuter from Pawprints on our Hearts. I declare under penalty of perjury that I care for the cat(s) listed, and/or that I am properly authorized to present the cat(s) for the indicated surgery. I have read, understood and agree to the surgical services and policies and have had the opportunity to ask questions concerning anything that I do not understand.

I declare that I have been feeding these cat(s), or have direct knowledge that these cat(s) are being fed regularly. I have no reason to believe that they are living an inhumane lifestyle.

I certify that, to the best of my knowledge, any cat(s) I present to Pawprints on our Hearts have not bitten anyone in the preceding 10 days.

I understand that these cat(s) will be scanned for microchips, and that if a microchip is found, further procedures will not be performed. Pawprints on our Hearts will attempt to contact the registrant of the microchip and inform him/her how best to retrieve the cat.

I agree that each cat and kitten spayed/neutered, or deemed previously spayed/neutered, will have one ear tipped and will be tattooed on the abdomen to allow ease of recognition upon re-release.

I recognize and understand the risks inherent to anesthesia and surgery, particularly for cat(s) that are pregnant, in heat, injured, sick, and/or have no medical history available. I understand that the cat(s) do not undergo a pre-anesthetic evaluation by a veterinarian. By presenting these cat(s) for surgery, I accept the risks for any underlying health problem that would complicate recovery and/or survival from anesthesia and/or surgery.

I agree to hold Pawprints on our Hearts harmless should any cat(s) die before, during or after surgery, or experience complications not resulting in death. I understand that any cat(s) presented for surgery to be released to a free roaming lifestyle that experiences a serious adverse reaction to anesthesia, and/or surgery, or deemed by our veterinarian to be seriously ill, seriously injured, or unlikely to humanely survive if released to a free roaming lifestyle, may be humanely euthanized without further consent by me. By signing this Surgical Release Form I give consent at this time for the veterinarian to use his/her discretion; in addition, I give permission for euthanasia in advance for any and all cat(s) that I present to Pawprints on our Hearts, today or in the future, for spay/neuter.

I understand that any free roaming cat(s) that appears to be unwell, suffering or unable to survive a humane lifestyle will be euthanized. By signing this Surgical Release Form I give my authorization for euthanasia in this circumstance.

I agree to pick up the cat(s) following surgery as directed. I understand that if I fail to pick up the cat(s) as directed, the cat(s) may be declared abandoned and will be handled as such.

I promise to see that all cats receive food, water and necessary care on a regular basis when returned after surgery to the location from which they were collected or to an alternate location if prohibited from returning to their original location. I acknowledge that once released, some cats may not return.

I agree to hold harmless and indemnify Pawprints on our Hearts, its agents, officers, employees and/or volunteers and any organization(s) with whom Pawprints on our Hearts may partner and the agents, officers, employees and/or volunteers of such organization(s) from any losses, injuries and damages to myself and/or to the cat(s) arising out of, or in any way connected to, the services requested or provided herein. This includes, but is not limited to, trapping, transport, treatment, sedation, viral testing, vaccinations, surgery, recovery and release of the cat(s).

If I elected to test for FeLV/FIV I understand I have the following options: **Initial one**

-If positive, I agree to euthanize the cat to prevent further spread of this disease(s). \_\_\_\_\_

- If positive, I agree to take the cat back knowing that this cat could spread this disease(s) to other surrounding area cats. \_\_\_\_\_

**All fees are final** with no refunding whatsoever. If a spot was saved for a cat that was prepaid and the cat failed to be trapped that day, a credit will be applied towards your account.

I certify that I am fully informed of the contents of this Surgical Release Form through reading it and by asking questions to clarify the information. I completely understand and agree with its' contents before signing it. **Initials:** \_\_\_\_\_

\_\_\_\_\_  
Print Name (and organization if applicable)

\_\_\_\_\_  
Surgery Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #1

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone #2

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature