

CAGE # \_\_\_\_\_

Owner's Last Name

Pet's Name

Owner's First Name \_\_\_\_\_ Date \_\_\_\_\_

Owner's Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Emerg. Phone \_\_\_\_\_

(Circle one) Cat Dog Male Female

(Circle one) Short Hair Medium Hair Long Hair

Color \_\_\_\_\_ Age \_\_\_\_\_

Breed \_\_\_\_\_

**OFFICE USE ONLY**

NE SP PREG. HEAT CRYPT. TPR \_\_\_\_\_

DOG: WEIGHT \_\_\_\_\_

CAT: \_\_\_\_\_

OTHER: \_\_\_\_\_

DHPP \_\_\_\_\_

FVRCP \_\_\_\_\_

MICROCHIP \_\_\_\_\_

RABIES \_\_\_\_\_

RABIES \_\_\_\_\_

NAIL CLIP \_\_\_\_\_

BORDETELLA \_\_\_\_\_

LEUK \_\_\_\_\_

E-COLLAR \_\_\_\_\_

K9 FLU H3N2/N8 \_\_\_\_\_

PAIN MED. \_\_\_\_\_

HEARTWORM TEST \_\_\_\_\_

CARRIER \_\_\_\_\_

HEARTWORM MED \_\_\_\_\_

DEWORM \_\_\_\_\_

LEASH \_\_\_\_\_

PAID \$ \_\_\_\_\_ CASH CHECK  CHARGE

AMOUNT TENDERED \_\_\_\_\_ CHECK # \_\_\_\_\_

**STERILIZATION AUTHORIZATION AND RELEASE FOR COMMUNITY CATS**

I, \_\_\_\_\_, certify that I am at least 18 years old and acting as the authorized agent for the presented animal. I certify that to the best of my knowledge there is no known owner for this animal.

I hereby request and authorize the Humane Society of Utah through any veterinarians – and any assistants they may designate – to perform an operation for the sexual sterilization of this animal.

I understand that the use of anesthesia and the operation itself may present some risks and that injury to or death of such an animal may conceivably result.

I certify that, to the best of my knowledge, the presented animal is in good health and has not been given any additional food or water this morning.

I understand that the Humane Society of Utah has the right to refuse service to any animal to whom surgery is deemed a health risk.

I understand that the ear of this animal will be tipped to signify that it has been sterilized as part of a Trap-Neuter-Release program.

I understand that the animal will be receiving a rabies vaccination with surgery today and that if any other vaccinations or services are requested, it will be at an additional expense.

I certify that, to the best of my knowledge, this animal has not bitten any person within the last ten days.

I understand that the Humane Society of Utah does not have overnight staff to ensure the wellbeing of this animal after hours and agree to pick the animal up today between 3:00 pm and 4:00 pm.

I understand that the animal cannot be released back into the community while under the effects of anesthesia. I agree to keep the animal in the trap in a warm, safe place until tomorrow morning.

In the event that the animal requires emergency post-surgical care, I agree that the Humane Society of Utah is not responsible for any fees paid to private veterinarians incurred as a result of post-operative complications.

I hereby release the Humane Society of Utah, the veterinarians, assistants, and all of its officers, directors, employees and members of staff from any and all claims arising out of or connected with the performance of this operation or procedure.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_