**Spay/Neuter Day Consent Form**

I, (print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being of legal age and responsible for the animal described below, have the authority to grant the Kearney Area Animal Shelter, and its staff members, volunteers, or agents my consent to receive transport, prescribe for, treat and/or perform sterilization surgery upon the animal named below **willingly assume the risk and responsibility for program participation.**

I understand that trained staff will be used to care for all animals, and reasonable precautions will be used against injury, escape or destruction of the animal. It is thoroughly understood that the Kearney Area Animal Shelter, its staff, volunteers and agents will not be held liable or responsible in any manner and I assume all risks.

I understand a rabies shot will be administered if I do not provide proof the animal is current on this vaccination, unless it is determined to be less than 12 weeks of age.

I understand that in the unlikely event that my animal bites someone who has not been vaccinated for rabies, and I cannot provide proof it is up-to-date with a rabies vaccination, the animal will be required to be placed in a 10-day quarantine at KAAS to insure it is not rabid.  I further understand it is the prerogative of the bite victim to request the animal be euthanized in order to tested for rabies, rather than quarantined.

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal’s sex or medical condition, including pregnancy. I understand that there is no way for the attending veterinarian to know the condition of the animal’s reproductive status and reaching that conclusion might involve exploring the patient’s abdomen to find out they have previously been sterilized.

I understand there are risks associated with surgery, anesthesia, and drug administration and that there is no way for the attending veterinarian to know the condition of the pet’s health status including underlying cardiac disease. The veterinarian and staff of the Kearney Area Animal Shelter will not be held liable or responsible in the event of an anesthetic death due to an underlying, undiagnosed medical condition. As the owner, you are only to bring animals that to the best of your knowledge, are healthy enough for an elective procedure, like sterilization.

I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion to the attending veterinarian. I understand that sterilized animals will be identified with a permanent tattoo for pets or ear notch, if I identify the animal as a stray.

I agree to remain on-site for the duration of the procedure and take the animal once it is released from care, or to return promptly during the identified timer period to retrieve the animal. I understand that failure to do so is **Animal Abandonment** and that my personal information will be provided to law enforcement which may include **criminal charges**. **It is my responsibility to read the post-surgery instructions and provide proper after care.**

**I hereby assume all liability** and release all veterinarians, assistants, volunteers, employees, agents, and the Kearney Area Animal Shelter from any and all claims**. I further hereby agree to indemnify and hold harmless** the aforementioned from any acts, damages, or medical complications, including the death of an animal that may arise out of participation with this program.

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

Signature of Legal Owner of Pet

Name of Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cat’s Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (staff use only)

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of cat if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description/color of cat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**STAFF ONLY:**

Copied Driver’s License (initial this has been done): \_\_\_\_\_\_\_\_\_\_\_

Staff Reviewed: \_\_\_\_\_\_\_\_\_\_ Date: 1/26/2020