

Napa Humane uses qualified staffing and approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery. Carefully read and understand the following before signing your name.

I, _____, acting as owner or agent of the pet named below, hereby request and authorize Napa Humane, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named on the bottom portion of this form.

I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service.

I either certify that my animal has been vaccinated within one year prior to this date or waive my right to protect my animal by having it vaccinated, or request recommended vaccinations at the time of surgery. I understand that it takes up to two weeks for vaccinations to protect my animal.

I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of this operation due to such failure. I understand that many drugs used in veterinary medicine are not tested on every species on which they are commonly used. I further understand and consent to the use of all drugs deemed necessary by Napa Humane, albeit not tested on the same species as my animal.

I certify that my animal is in good health. I certify that my pet has had no food since 9:00 p.m. the evening prior to surgery (with the exception of feral cats, kittens and rabbits). I understand it is my responsibility to follow all pre- and post-operative instructions for the health and safety of my pet.

I certify that my animal has not bitten anyone in the last 10 days. I understand that Napa Humane has the right to refuse service to any animal.

I understand that Napa Humane will perform a basic pre-surgical assessment, not a complete physical examination before surgery is performed, I also understand that my animal will not receive pre-operative bloodwork and waive my right to have this service performed prior to surgery at a full-service veterinary clinic.

I understand the veterinarian will place ink on the incision, as a visual marker of the spay/neuter.

I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, heat, retained testicle, obesity and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and heartworms.

I understand that if my animal is pregnant, the pregnancy will be terminated at surgery without additional consent.

I also acknowledge that complications may develop during surgery or post-surgically or as a result of vaccinations or microchipping procedures and that I assume responsibility for all post-procedural care and veterinary expenses incurred as a result of such procedures.

I have received an estimate of fees and am responsible for payment of fees. I understand there may be times when no personnel are on the premises.

I understand that if I don't retrieve my pet at the agreed upon time that Napa Humane may exercise its right to turn the animal over to an appropriate facility and I may be liable for overnight boarding fees.

I hereby release the Napa Humane Spay/Neuter Clinic, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner/agent hereby agrees to indemnify and hold Napa Humane harmless for any damages caused during the surgery/vaccination of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

I have read and understand all contents of this release of liability and consent to surgery.

First Name:

Last Name:

Signature:

Date:

Pet Name:

Por Este formulario también está disponible en español. Por favor, pregúntele a la recepcionista para su copia en español.