TEAM
MOBILE FELINE SPAY/NEUTER CLINIC

Please consider a donation today to help us help cats!

Surgical Sterilization and Vaccination Release
Please print clearly

Owner's Name_____

Address_____**City**_____**Zip**_____

Home Phone_____**Cell**_____**Email**_____

Best Phone # to Reach You Today If Needed_____

	Cat #1	**Cat #2**	**Cat #3**
Cat's Name			
Age & Sex of Cat			
Color			
Has this cat been vaccinated?*	Yes No	Yes No	Yes No
Can this cat be picked up/held?	Yes No	Yes No	Yes No
Has this cat had flea/tick treatment recently?**	Yes No	Yes No	Yes No
Do you want ***ParaMonthly Plus*** ($10)?	Yes No	Yes No	Yes No
For TEAM Use Only			
Patient #			

I, being of legal age and responsible for the animal(s) described above, give the staff and agents of TEAM consent to receive, transport, prescribe for, treat, vaccinate and perform sterilization surgery on this animal(s). It is understood that TEAM will not be held liable or responsible in any way and I assume all risks.

I understand that modern techniques and trained staff will be used to care for the animal, and that reasonable precautions will be used against injury, escape, death or destruction of the animal.

I consent to the administration of any anesthetics deemed proper by the veterinarian and understand that there is some risk in the use of these anesthetics and/or drugs. I consent to the administration of vaccinations, and understand that this can cause adverse reactions in some animals. ***I understand that my cat will be vaccinated in accordance with state law and TEAM policy unless I provide proof of current vaccinations.** If, in the course of treatment, a condition is discovered which requires medical attention or an additional procedure, I give consent to the veterinarian to perform such procedure.

I understand that if, in the opinion of the veterinarian, the animal is an acceptable surgical candidate, sterilization will be performed regardless of the animal's sex or medical condition (including pregnancy).

I understand that the veterinarian can refuse to perform any procedure on any animal for any reason. I understand that I must call TEAM if I have any questions/concerns about the animal after surgery and that TEAM is not liable or responsible for expenses incurred for the treatment of this animal by another veterinarian.

I understand that feral animals must be presented to TEAM in a humane trap and will be identified by a permanent ear "tip." I understand that TEAM may refuse to handle or admit any cat, domestic or feral, that poses a risk of injury to people or cats.

I understand that I am responsible for payment for additional medication that the veterinarian deems necessary while my cat is on the mobile clinic.

I understand that the animal must be picked up the same day as surgery at the time assigned by the TEAM staff, and that a late fee of $25 per 30-minute interval will be charged. If I do not claim the animal in 24 hours, it will be considered abandoned and disposed of in accordance with TEAM policy at my expense.

Owner's Signature_____**Date**_____