

Animal Rescue, Inc. Medical/Surgical Consent Form

Notes:

Spay/Neuter ____

Rabies ____

Distemper ____

Flea Treat. ____

Worm Treat. ____

Ear Tip* ____

*All outside cats will be ear tipped, please initial the line above at your appointment to show that you understand what eartipping involves.

Guardian _____

Address (No PO Boxes) _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

Animal's Name _____ Breed (DSH, DLH) _____

Sex _____ Age _____ Color _____

Address where animal was found? _____

If you don't know the address, was it MD, PA, or other? _____

1. What time did your cat last eat? _____ am/pm

2. Does this cat have a current rabies vaccine (must show proof): Yes No

3. Is this cat kept: Indoors Outdoors Both

4. Is this cat in heat? Yes No Unsure

5. Has this cat nursed kittens in the last ten days? Yes No Unsure

Date: _____ Payment By: _____ Cost: _____

I am the Guardian or Guardian's authorized agent of this animal and give permission to medically/surgically treat and/or surgically sterilize him/her. In the event of injury or death to this animal, I waive all claims for damages against Animal Rescue, Inc., any veterinarian and any of the officers or employees of these corporate entities. I also understand that I must pick up my pet on the day(s) indicated by Animal Rescue, Inc. personnel. and failure to pick up within seven (7) days will be construed as abandonment which is punishable by a fine up to \$1,000.00. The animal will then be considered available for adoption. In addition to any fines, I will also pay a fee of \$20 per day if my pet is not picked up on the day and time that is designated by Animal Rescue, Inc. personnel.

Animal Rescue, Inc. Witness_____
Guardian