

## CATSNAP Authorization for Medical or Surgical Treatment

Client Name: \_\_\_\_\_ Date of procedure: \_\_\_\_\_

Client Address: \_\_\_\_\_

Client Phone: \_\_\_\_\_

Pet #1 Name: \_\_\_\_\_ Breed/Description: \_\_\_\_\_ Sex: M / F

Pet #2 Name: \_\_\_\_\_ Breed/Description: \_\_\_\_\_ Sex: M / F

Pet #3 Name: \_\_\_\_\_ Breed/Description: \_\_\_\_\_ Sex: M / F

Pet #4 Name: \_\_\_\_\_ Breed/Description: \_\_\_\_\_ Sex: M / F

### Type of procedure: Sterilization surgery

I authorize the veterinarian to perform the above procedure and any treatment procedures deemed advisable or necessary for my animal(s). All surgical procedures do include risks with anesthesia, which may include injury or death. I understand that in signing this authorization I specifically acknowledge that there may be undiagnosed medical problems with my pet which may add to the risk of the surgical and treatment procedures, and which may result in injury or death. I authorize the use of anesthetics as you deem advisable and the performance of such surgical or therapeutic procedures as you deem necessary. I agree to indemnify and hold harmless the Champaign Area Trap Spay Neuter & Adoption Program (CATSNAP), the attending veterinarian, and any officers, volunteers, or agents of CATSNAP arising out of the performance of the procedure referred to above. In order to provide a reduced fee for spay/neuter, preoperative testing is not offered prior to surgery. I am aware that any surgical procedures performed are done so without the benefit of testing and CATSNAP is not responsible for any complications resulting from surgical procedures being performed without the benefit of pre-operative testing. I understand that modern techniques and 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 CATSNAP, its employees, and agents will not be held liable or responsible in any manner and I assume all risks. If in the course of treatment a condition is discovered which requires medical attention or an additional procedure, such as hernia repair or the administration of IV fluids, the attending veterinarian may, in his/her discretion, perform such procedure. I consent to these procedures. 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. I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason.

I have read this authorization and understand what it says, and I am signing this authorization with full knowledge of the benefits and risks of these procedures and treatments.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Owner's signature**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**