**Spay and Neuter Application Form**

**Owner’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Landline** \_\_\_\_\_\_\_\_\_\_\_ **Mobile** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **PET’S NAME** | **CAT/DOG?** | **GENDER**  **(M/F)** | **AGE** | **DESCRIPTION (color/markings)** | **PREGNANT?**  **(Y/N)** | **VITAMINS?**  **(+100 Php)** | **\*NOTCH?**  **(Y/N)** |
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*\*Any cat that is allowed to go and stay outside should have its ear notched*

**Can the animal be handled safely?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of legal age, do hereby declare that I am aware of the risks involved in surgical procedures for cats and dogs. CARA Welfare’s veterinarians and staff will exercise due diligence and care during surgical procedures of the animals under its charge; however, I understand that despite such care and diligence, surgical procedures are not without risk and that animals undergoing such procedures sometimes suffer unforeseen injuries and even death. Thus, having attested to the foregoing, I declare that I will not hold either CARA Welfare Philippines or the attending veterinarian(s) responsible in any way in the event that my pet(s) should suffer any injury or death as a result of the surgical procedures. CARA is not responsible for a pet’s injury or death that happens after surgery. The animal must be fully awake before leaving the clinic and each animal should be placed in separate containers/cages. I also state that the animal has not had food or water for 9 hours pre-operative.

I am signing this waiver of my own free will and that I have been given written post operation care instructions.

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Printed name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_

**SEE BACK PAGE**

**REFUSAL TO PERFORM BLOOD TEST BEFORE SURGERY WAIVER**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, refuse to conduct a blood test for my cat/s and/or dog/s prior to the scheduled surgery date. I understand that there are risks involved during and after the surgery. I waive any claims of damage against CARA Clinic, in the event of injury or death of my pet/s.

**I have read the foregoing and agree.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SEDATIVE AND ANESTHESIA WAIVER**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give permission to CARA Clinic to anesthetize and/or sedate my cat/s and/or dog/s. I understand all anaesthesia/ sedative used in the surgery involve risks to my pet/s, but CARA Clinic will not be held liable or responsible in any manner whatever or under any circumstances in connection therewith, as it is thoroughly understood that I have assume all risks. I waive any claims of damage against CARA Clinic, in the event of injury or death of my pet/s.

**I have read the foregoing and agree.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_