

**Humane Society of Ventura County Spay/Neuter Clinic**  
**Feline Admission Form and Waiver**

**Owner Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone number to reach you TODAY:** (\_\_\_\_) \_\_\_\_\_ **Alt:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Cat Name:** \_\_\_\_\_ **Sex:** M/F **Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Age/DOB:** \_\_\_\_\_

Has your cat eaten anything since midnight yesterday?	Yes/No	If yes, explain: _____
Is your cat currently sick?	Yes/No	If yes, explain: _____
Has your cat had any medical issues in the past?	Yes/No	If yes, explain: _____
Is your cat on any medications?	Yes/No	If yes, explain: _____
If your cat is female, has she had a litter?	Yes/No	If yes, how many kittens? _____

**Services requested:**

- Surgery (spay/neuter).
  - Spaying a pregnant cat will terminate its pregnancy. If your cat is a female and we suspect, BEFORE surgery, that your cat is pregnant, do you want her spayed for an additional Twenty Dollar (\$20.00) fee? YES/NO (circle one)
- Microchipping (\$15 to implant, includes registration). I give the Humane Society of Ventura County permission to register my name, phone number, address, and email address and my pet's name, age, sex, breed and color with BeKind PetFind. \*Initial here \_\_\_\_\_
- Trimming cat's nails (no charge)
- Testing for Feline Leukemia / FIV (\$20)
- Vaccinations (\$5 Rabies, \$15 FVRCP):
  - If checked, list any adverse reactions your cat has had to a vaccine: \_\_\_\_\_
  - If not checked, I certify by signing below that my cat was vaccinated within one (1) year before the date below or waive my right to have my cat vaccinated or request recommended vaccines. I understand vaccines take up to two (2) weeks to protect my cat. I understand the inherent risk in failing to keep vaccines current and waive all claims arising out of or in connection with a spay/neuter surgery performed on a cat without current vaccines. I further understand that any cat bites will be reported to Animal Control and I am responsible for any injury, civil or criminal liability resulting therefrom.

**Release and Acknowledgment:**

The Humane Society of Ventura County, a California nonprofit corporation and any veterinarians it may designate or staff, employees, agents, affiliates, or representatives of either (collectively, the "Society"), uses qualified staff and approved equipment and materials for all spay/neuter procedures. By signing below, I acknowledge the following:

1. I am the owner of the cat described above (my "Cat"), or am authorized by any owner(s) to have my Cat undergo the procedures. I request and authorize the Society to perform the procedure(s) specified above on my Cat.
2. I understand the risk of that injury or death may result from a procedure or the use of anesthetics, drugs, and certain equipment in providing a procedure, while very low, is always present. I understand that some conditions, including pregnancy, heat and diseases such as heartworms, significantly increase surgical risk.
3. I understand that the Society may refuse to perform a procedure on my Cat if performing the procedure poses either a significant health risk to my Cat or a danger to the Society's designated veterinarian, staff, employees, agents, affiliates or representatives.
4. I understand that the Society may not perform a complete physical examination before surgery is performed. I also understand that my Cat will not receive pre-operative blood work and hereby waive my right to have this service performed prior to surgery at a full-service veterinarian.
5. I understand that if I fail to retrieve my pet at the agreed-on time, the Society may either turn my Cat over to Ventura County Animal Services or board my Cat, if space permits, for a boarding fee of no less than Fifty Dollars (\$50) per night. I understand that after-hours emergency care is NOT available on-site at the Society.
6. I hereby release the Society, all veterinarians, and the employees, volunteers, agents, representatives and employees of either from any and all claims or damages (including the costs of a failed sterilization and future veterinary costs) arising out of or in connection with the performance of the procedure(s) or any adverse reactions from vaccination. I have not and will not claim any right of compensation from any such persons or file actions or suits by reason of such sterilization or attempted sterilization of my Cat or any consequences related thereto. I hereby agree to indemnify, defend and hold harmless the Society for any damages caused during transportation of my Cat or by unforeseeable events, including fire, vandalism or other crimes committed by third parties, extreme weather, natural disasters or acts of God.
7. I understand my cat will permanently tattooed in or around the surgical site to indicate sterilization
8. I have carefully read and understand the foregoing, and the information provided above is accurate, complete and correct.

**SIGNED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Would you like to help us "Spay it Forward" by making a donation to further subsidize spay/neuter services for at-risk animals?  Yes! Please add \$ \_\_\_\_\_ to my invoice as a donation.  No, thank you