

Pet Sterilization Agreement – Outer Banks Veterinary Hospital Inc.

Pet Owner: _____ Pet Name: _____

Address: _____

Phone Number(s): _____

(Note: You must be available at this number ALL DAY on May 21, 2011)

Pet Age: _____ History of Health Problems?: _____

The Outer Banks Neuterthon hosted by the Outer Banks Veterinary Hospital Inc. (OBXVH) accepts only cash as payment for prepayment for services provided to the client for their pet, herein referred to as client(s), patient(s), animal(s), pet(s), cat(s), you, your(s), or it('')s. All services must be paid in whole BEFORE any pet is admitted to the OBXVH. The price for all client owned cat neuters is \$30. Only male cats with both descended testicles will be eligible to be neutered on May 21, 2011 at this price. Cats over the age of ten (10) years or under five (5) pounds of body weight are not eligible to be neutered on this day. Cancellations for pre-purchased neuters are non-refundable after May 18th at 11:59 P.M. without written notice. Read this entire document before signing below.

ALL cats MUST be in carriers. A limited number of cardboard carriers are available at the OBXVH for \$15.00 each. The animal must be picked up at the specified time on the same day as the surgery. The OBXVH does NOT board animals overnight. If your pet stays overnight, you will be charged a \$50 hospitalization fee for every night that your pet remains at the Outer Banks Veterinary Hospital. If you do not pick up your pet after discharge on this date, you certify that you are of legal age and the lawful owner of the above named animal, you acknowledge that this document and date shall serve as your written notice of abandonment, and that you forever release, discharge and agree to hold harmless and indemnify the OBXVH, its agents and volunteers from any and all claims, in connection with this above named animal.

It is your responsibility to ensure that your animal is current on vaccines and in good health prior to surgery. As with any medical procedure, there are risks which may range from minor complications to death. Neither the OBXVH, nor its agents, nor its volunteers accept responsibility, financial or otherwise, for any complication due to yours pets surgical procedure or stay at the Outer Banks Veterinary Hospital. We recommend that all cats receive regular veterinary care. Fractious or aggressive animals may not receive an examination before they receive medications for sedation and may not be neutered if sedation cannot be safely administered. By signing this, you understand that there are health risks that range from minor complications to death associated with sedating an animal with an unknown health status. By signing this document, you understand the OBXVH highly recommends that all pets be current on Rabies vaccination prior to admission. All bites to a human from your pet will be handled in accordance with laws from federal, state, or local agencies and may include quarantine or euthanasia of your pet.

Every effort will be made to return all personal items at time of discharge, however the OBXVH or any its agents cannot be held responsible for items lost at the hospital (towels, linens, toys etc). Bedding will be provided for your animal at the hospital upon recovery from his surgery, however, your pet will be placed in his carrier to await discharge from the hospital. All soiled bedding that is present with your pet at admission with either be cleaned or disposed of according proper waste management procedures. Any items such as food or toys may be removed prior to your pet being returned to you.

I RELEASE the Outer Banks Veterinary Hospital Inc. (OBXVH), its employees, agents, and volunteers, from all liability and waive any and all claims and damages, including death of the said animal provided that reasonable care was provided.

Surgical Consent - I am the owner or the authorized agent for the owner of the animal described above and I have the authority to execute this consent. I hereby give the Outer Banks Veterinary Hospital and any authorized agents, staff, or representatives consent and authority to perform sterilization (neuter) surgery on my pet. I understand that this may involve general anesthesia and sterilization surgery. I understand that my pet will not be able to reproduce after this procedure is completed. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures or use of additional medications and that I am responsible, financially and otherwise, for any future complications that may arise from the procedures performed today. I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are certain risks associated with the use of any medication. I understand that hospital support personnel will be used as deemed necessary by the veterinarian.

PLEASE READ ENTIRE DOCUMENT BEFORE SIGNING BELOW

SIGNATURE OF OWNER _____

SIGNATURE OF OBXVH AGENT _____

DATE _____