



CENTRAL VETERINARY AND THE TOWN OF HEMPSTEAD FERAL CAT SPAY/NEUTER AGREEMENT AND RELEASE

I, the undersigned, hereby state that the cat I am presenting today for spay/neuter is, in fact, a feral cat, with no known owner, and that the cat appears to be in sufficient good health that it can tolerate the procedure(s) I am requesting Central Veterinary Associates provide. I hereby agree, that in consideration for Central Veterinary Associates said procedure(s) at no cost to me, that I shall hold harmless Central Veterinary Associates, its veterinarians, veterinarian's employees, agents and contractors who may treat such animal, as against any claims by any third party that may arise as a result of this agreement, its effect, or actions taken under same. I hereby acknowledge that I understand that by signing this document I am giving up any claim of right that I may have concerning this animal, including any loss, whether monetary or otherwise, that should occur as a result of the procedure(s) provided. This Agreement is intended to, and shall, have the same effect as a full general release.

Description of Cat: _____

Date Trapped _____ Exact Address Trapped: _____

Name (please print): _____

Signed: _____

Address: _____

City, State, Zip: _____

Cell Number: _____ Home Number: _____

Identification verified: _____

For Vet Use Only: Patient ID: _____

Scanned for Microchip (Y/N) Weight _____ Age: _____

Fleas (Pos./Neg.) Rabies Vaccine _____

Capstar (Y/N) FVRCP Vaccine _____

Spay / Neuter /L. Ear Notch (Y/N) Revolution dose _____

Metacam _____ Ear Mites (Y/N) _____

TTD: _____ Other: _____

Date of Surgery: _____ **Release Date:** _____