

**SPAY / NEUTER CLINIC  
LIABILITY WAIVER**

I am the owner / person authorized to provide veterinary treatment / surgery / sterilization for my pet. I hereby indemnify and hold harmless Adopt a Pit Rescue, Luv 4 K9s and Pawsome Pet Supplies & Grooming, their directors, owners, employees, heirs and assigns for any injury or illness to my pet while on the premises or any injury or illness that may occur after my visit as a result of the treatment / surgery received. I understand the risks inherent in treatment/ surgery and sterilization and I accept those risks.

*I further agree to indemnify and hold harmless Adopt a Pit Rescue, Inc., Luv 4 K9s and Pawsome Pet Supplies & Grooming, and their officers, board members, agents and representatives for and against any and all manner of actions, suits, debts, dues, accounts, bonds, covenants, agreements, judgments, claims, and demands whatsoever arising out of or relating to the spay / neuter clinic or any treatment my pet receives while at the clinic, or any injury or illness incurred while on the premises.*

I further understand that I am responsible for any injury caused by my pet to any animal or person on the premises during my pet's stay.

I understand that I must pick up my pet on the day of surgery BY 6:00 pm. I understand that if my pet is not picked up by 6:00 pm, I will be charged a \$25.00 fee by Pawsome Pet Supplies & Grooming for the care and boarding of my pet overnight and for each additional day that my pet is not picked up.

I understand that the volunteers and employees of Adopt a Pit Rescue, Luv 4 K9s and Pawsome Pet Supplies & Grooming are not vets or vet techs and may not give me veterinary advice regarding my pet. In the event that I need veterinary advice I agree to contact the Rascal Animal Hospital.

I understand and agree that I am responsible for any charges over and above the deposit collected at the time of the scheduling of my pets appointment. I understand that my credit card will be charged for any additional charges and for any fees incurred if my pet is not picked up prior to 6:00 pm on the day of surgery.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Name of pet / type of pet: \_\_\_\_\_

Credit Card: m/c    Visa    Amex (circle one)

Credit Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CSC number: \_\_\_\_\_ Zipcode: \_\_\_\_\_