



Poi Dogs & Popoki Surgical Release Form

Clinic Use Only

Payment Amount: _____ Payment Method: _____

Cat/Dog # intake: _____

Microchip #: _____

Date: _____

Animal Name(s): _____

Owner Name (First/Last): _____

Phone Number: _____ Alt Number: _____

Email: _____

Address: _____

City: _____ Zip: _____

Poi Dogs & Popoki (PDP) uses qualified staff and approved materials for all procedures performed. We abide by The Association of Shelter Veterinarian veterinary medical care guidelines for spay-neuter programs. It is important to understand that the risk of injury or death, although extremely low, is always present, just as when humans undergo surgery. **Please be advised to carefully read, and ensure you understand, all information on BOTH pages of this form and all other agreements prior to signing your name.**

- I, being lawfully authorized to make decisions on behalf of the animal(s) named above, hereby request and authorize PDP, including its affiliates and each of their employees, volunteers, veterinarians and/or other agents (collectively, PDP parties) to receive, prescribe for, treat and/or perform an operation for surgical sterilization of the animal.
- I understand that the operation I have elected presents some hazards and that injury to, post-operative infection in, or death of the animals may conceivably result, for there is some inherent risk in the procedure and in the use of anesthetics and drugs provided for the procedure. I understand that general anesthesia will be administered to the animal for surgery. I understand and accept these risks to the animal.
- I understand the inherent risks of failing to maintain current vaccinations and flea/tick prevention and waive all claims arising out of, or connected with, the performance of this operation due to such failure. I understand that treatment for illness or parasite preventative will be my responsibility and at my own cost.
- I understand that PDP and/or PDP parties has the right to refuse any service and/or procedure to any animal for any reason, including but not limited to, situations where surgery is deemed a health risk. Such refusal is at the sole discretion of the attending veterinarian and staff.
- I understand that a brief pre-surgical exam will be performed on all pet animals when possible, but there are times when such an exam may only be performed after the animal has already been sedated or anesthetized.



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- I understand that the animal will not receive pre-operative bloodwork at PDP. If I choose for the animal to have such bloodwork, I understand that it must be performed at a full service veterinary clinic at my expense.
- I understand that some factors increase surgical risk including, but not limited to, pregnancy, heat, and diseases such as feline immunodeficiency virus (FIV), feline leukemia virus (FELV), and heartworms.
- I understand that if the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's gender and/or medical condition, including but not limited to, pregnancy. I understand that if the animal is pregnant, the pregnancy will be terminated at surgery.
- If an unforeseen event/emergency situation occurs or a medical condition is discovered that requires urgent immediate medical treatment, I consent that the attending veterinarian may perform such treatment, or that the animal may require transport to a full service veterinary clinic at my expense, without seeking additional authorization or consent from me. I understand that my further consent will be required for non-emergency treatment EXCEPT in cases where the animal has an open umbilical hernia, which may be repaired at the time of surgery without my consent.
- All animals will be implanted with a microchip, if it does not already have one implanted, and will receive a small tattoo near their surgical area to show they have been sterilized.
- All cats participating in the feral cat trap, neuter, return and manage (TNRM) program will receive an ear notched for ease of recognition upon release. Cats participating in the pet cat program will not receive an ear notch unless requested by the owner.
- I agree to pick up the animal following surgery as directed. I understand that if I fail to pick up the animal, it may be declared abandoned and will be handled as such which may include pursuing abandonment charges.
- I understand that I must follow the Spay/Neuter Post-Operative Instructions that will be provided to me at the time of the animal's release to me and that by not following these instructions that the animal may include but not be limited to, additional treatment, medications, surgical repair at my expense.
- I understand and agree that PDP and PDP parties (collectively, the "Released Parties") shall not be liable to or held responsible by me in any matter whatsoever for, or in connection with, the procedure(s) to be performed to the animal, and I hereby hold the Released Parties harmless from and against any and all liability and damages that may arise. I will take full responsibility, financial and otherwise, if the animal becomes ill, unless the illness is a post-operative complication caused directly by the surgery. The Released Parties shall not be held liable for any damages caused by and unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.
- **I hereby warrant that (a) I am at least 18 years of age, (b) I have read this agreement carefully prior to its execution, (c) I fully understand the contents of this agreement, (d) I realize this agreement is an enforceable legal document between myself and PDP, and (e) I voluntarily sign this agreement of my own free will.**

Signature: _____ Date: _____