

**Greenville Humane Society Spay/Neuter Clinic Release Form**  
**305 Airport Road • Greenville, SC 29607 • (864) 242-3626 ext. 232**

Animal Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_ Breed \_\_\_\_\_

Owner Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Carefully read and understand the following, then sign and date at the bottom of the agreement.**

I, being the owner of the animal named above, or acting on behalf of the owner, hereby request and authorize the Greenville Humane Society, through whomever veterinarians and assistants they may designate, to perform an operation for sexual sterilization of the animal named on the above portion of this agreement.

**A. I hereby understand and acknowledge:**

1. Medical and surgical procedures and operations present risks that may result in the injury or death of the animal.
2. Medical and surgical procedures and operations use drugs including, but not limited to, anesthetics, the use of which present risks that may result in the injury or death of the animal.
3. Some factors increase the risks associated with medical and surgical procedures and operations including, but not limited to, pregnancy, females in heat, males with retained testicle(s), animals six (6) years and older, and diseases including but not limited to FIV, Feline Leukemia, heartworms, and obesity. PLEASE CHECK THE FOLLOWING BOX IF THE ANIMAL IS BEING TESTED FOR FELV/FIV:  
 I DO or  DO NOT want to proceed with surgery if the cat is FeLV or FIV positive.
4. The Greenville Humane Society will not be performing a complete health examination on the animal before or during the provisions of medical services.
5. The animal will receive a small tattoo on his/her underside to show that he/she has been sterilized.
6. The Greenville Humane Society has the right to refuse service to any animal to whom surgery is deemed a health risk, which will be determined by the attending veterinarian(s).
7. If the animal has a prolonged anesthetic recovery or any other medical abnormality, the Greenville Humane Society may request that I collect the animal to transport him/her to his/her regular veterinarian or an emergency veterinarian for additional care and services at my own expense.
8. If the animal is pregnant, the pregnancy will be terminated during surgery at an additional cost, for which I am responsible.
9. For the safety of other animals, if the animal has fleas or ear mites they will be treated. I am responsible for the cost.
10. In the unlikely event the animal develops kennel cough or an upper respiratory infection after surgery, I will take the animal to his/her regular veterinarian for treatment at my own expense.
11. Feral cats will be ear-tipped at the time of sterilization. There is no additional charge for this service.
12. If I do not pick up the animal at the designated time, I will be charged a \$20 overnight care charge. If I do not pick up the animal the next day, I will have relinquished my ownership rights and the animal will be released to the Greenville Humane Society.
13. I understand any medication(s) dispensed from the Greenville Humane Society should only be used for the prescribed animal and given as directed.

**B. I hereby certify:**

1. The animal is up to date on his/her vaccinations (must bring proof). If not, vaccinations will be administered today at my expense. The animal may not be protected for up to two (2) weeks after receiving vaccinations. Additional boosters may be required to ensure full protection.
2. The animal is in good health. If the animal is not in good health, I have fully disclosed such health conditions to the Greenville Humane Society.
3. The animal has not consumed any food since 7:00 AM on \_\_\_\_\_ (insert date of surgery).

**I hereby release the Greenville Humane Society, the veterinarians, assistants, and all of its/their officers, directors, employees, volunteers, and members of the staff from any and all claims arising out of or connected with the provisions of medical and surgical procedures and operations. I hereby acknowledge and agree that I have no legal claims or rights of compensation from any of the aforementioned entities or persons related to or in connection with the provision of the said medical and surgical procedures and operations; furthermore I will not file any legal action.**

**I HEREBY CERTIFY I HAVE READ AND UNDERSTOOD THE CONDITIONS ABOVE**

Signed: \_\_\_\_\_  
(Owner or Designated Agent)

Dated: \_\_\_\_\_

Print: \_\_\_\_\_