

## **Anesthesia overview**

I understand that my animal will be anesthetized for the scheduled spay/neuter procedure and that there are always risks involved with anesthesia, including loss of life. The HCAS (Hawk Creek Animal Shelter) has the right to refuse service to any animal for whom surgery is deemed a health risk. The HCAS will conduct a brief physical examination on the animal but will not have pre-operative blood work before surgery. I certify that to my knowledge; the animal is healthy and free of signs of disease. I understand that if the animal is pregnant, the pregnancy will be terminated during surgery. I understand that additional procedures may be recommended for the animal at the time of discharge, but that HCAS will not perform those procedures. The animal must be picked up when instructed. If the animal is not picked up, he or she will be considered abandoned and will be impounded at HCAS. I hereby release HCAS contracted veterinarians, technicians, directors, employees and volunteers, from all claims arising out of, or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from above aforementioned or file action because of such sterilization or attempted sterilization of the animal or any consequences related to.

I am the caretaker of the described cat(s)/ dog (s) and authorize the (HCAS) to surgically sterilize, vaccinate against rabies to the cat(s) / dog (s) named on form.

By signing the form at the shelter, I hereby certify that the information furnished on the form is true and correct.

**(The form will contain your Full name, address, phone, along with signature.)**