



The MD SPCA Spay/Neuter Disclaimer

Owner/Caretaker Name: _____ Date: _____

Phone: _____ Address: _____ Street/City/State/Zip _____

Pet Name: _____ Breed: _____ Color(s): _____ Sex: M / F

PLEASE READ CAREFULLY

The Maryland SPCA Spay/Neuter Clinic is a high volume spay/neuter clinic. The procedures performed here are for the purposes of spaying/neutering cats and dogs; the Maryland SPCA Spay/Neuter Clinic is not a veterinary or emergency veterinary clinic. If issues arise that are directly related to the pet's spay/neuter surgery, please contact the Maryland SPCA during our regular hours of operation (Sunday, Monday, and Tuesday from 7:30am to 5:45pm; and Friday from 6:00am to 4:45pm) at 410-889-SPAY. If you feel you need EMERGENCY help, please go to the nearest animal emergency center. If you seek medical care, please note that the Maryland SPCA is not financially responsible for your bills. All efforts should be taken to prevent post-operative issues; re-anesthetizing post-operative patients for re-suture carries inherent risk.

The Maryland SPCA uses qualified staffing and approved materials for all procedures performed. It is important that you understand that the risk of injury or death, although extremely low, is always present – just as it is for human beings who undergo surgery.

Carefully read and understand the following before signing your name.

I certify that I am the responsible party for the pet described above, and have the authority to grant consent for The Maryland SPCA to receive, prescribe for, treat and/or operate on the pet. I understand the surgery contemplated is a Spay/Neuter. I understand that The Maryland SPCA will use responsible precautions against injury, escape or death of the pet; and I understand that some risks include (but are not limited to) anesthetic reactions, genetic defects, and abnormal development of major organs (heart, liver, kidneys, etc.). I understand that The Maryland SPCA Spay/Neuter Clinic does not provide regular veterinary services. I also understand that The Maryland SPCA does not provide 24-hour pet supervision.

I hereby release The Maryland SPCA, the veterinarians, assistants, and all of its employees and members from any and all claims arising out of or connected with the performance of this operation procedure. I agree that I have not claimed or will not claim any right to compensation from any of the aforementioned parties, or file action by reason of such sterilization or attempted sterilization of such pet or any consequences related. The Maryland SPCA shall not be held responsible for any illness or defects which may have or may develop as a result of the procedure, nor shall The Maryland SPCA be liable for any damage or injury to person or property which may be caused by the pet.

I understand that The Maryland SPCA does not routinely offer FeLV/FIV testing, however if the attending veterinarian believes that my pet is showing signs of being infected with the FeLV and/or FIV virus, The Maryland SPCA, the veterinarians, assistants, and all of its employees have my permission as the owner of the pet described above to test my pet for FeLV and/or FIV. I also understand that any expense incurred while testing my pet for the viruses above is my responsibility.

I understand that while my pet is being treated at The Maryland SPCA it may not exhibit signs of FeLV and/or FIV and consequently may not be tested for these viruses. I hereby release The Maryland SPCA, the veterinarians, assistants, and all of its employees from any fault from positive results obtained from testing at a later date.

By initialing below I verify that I understand and agree with The Maryland SPCA's FeLV/FIV testing policy and procedure mentioned in the above two paragraphs.

_____ (Initial)

By initialing below I verify to the best of my knowledge that the pet named above is healthy and free of any pre-existing conditions that may further complicate the Spay/Neuter surgery and/or any treatments I have requested.

_____ (Initial)

By initialing below I agree to pay an additional fee of \$20.00 if my male cat or dog is cryptorchid or if my female cat or dog is pregnant.

_____ (Initial)

For Cat/Kitten Owners Only:

I understand that if during examination my cat/kitten is found to have live fleas the Maryland SPCA, the veterinarians or assistants will apply a 30-day topical flea treatment. I also understand that I will be charged a fee of \$10.00 for this flea prevention product.

_____ (Initial)

If the pet is not picked up at the agreed upon time of 4:00PM, the pet will be held at The Maryland SPCA and boarding fees will apply. If the pet is not picked up within 72 hours of the specified pick up time, the pet will be considered abandoned and I agree that The Maryland SPCA may make a final disposition of the pet in accordance with the rules of The Maryland SPCA. This may include, but is not limited to placing the pet for adoption or humane euthanasia.

I understand that vaccinations and other veterinary treatments can cause adverse reactions in some pets. I hereby release The Maryland SPCA, the veterinarians, assistants and all other employees from any and all claims arising out of or connected with these vaccines and/or treatments.

Spay It Forward!

I would like to donate funds to The Maryland SPCA so they can help spay or neuter other pets in the community.

I am able to donate: ___\$1 ___\$5 ___\$10 ___Other: \$_____ Thank you for your donation!

X _____ (Responsible Party)

By signing above I verify that I agree to all of the terms and conditions outlined within this disclaimer.