

Sumner Spay Neuter Alliance (SSNA) – Medical Release

SSNA Veterinary Clinic uses qualified staff, including licensed veterinarians, and approved high quality medical equipment and materials for all surgical procedures. It is important for you to understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery and general anesthesia. Carefully read and understand the following before signing your name.

I, being of legal age and responsible for the animal(s) brought by me to SSNA on this date, hereby request and authorize SSNA, through its veterinarians and assistants to perform sterilization surgery, provide anesthesia, any other necessary treatment and administer requested vaccinations to my pet(s).

If, in the course of treatment, a condition is discovered which requires medical attention or an additional procedure the attending veterinarian may, in his or her absolute discretion, perform such procedure.

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical conditions (including pregnancy). I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason.

I understand the inherent risk of failing to maintain current vaccinations and waive all claims arising out of or connected to performance of this operation due to such failure. I understand that it takes up to two weeks for vaccinations to protect my animal.

To the best of my knowledge, my pet is in good health. I have advised SSNA of any known health problems my pet may have. **My pet has not eaten any food since midnight last night.**

I understand that SSNA will perform a brief physical examination before surgery, with the exception of feral cats. I also understand that SSNA does not offer preoperative blood work.

I understand that if I do not pick up my animal(s) by the designated time, there will be a \$10 late fee. I understand that once my animal has been abandoned, I relinquish all ownership rights, and SSNA will exercise its right to take care of such animal(s) as allowed by the State of Tennessee under Title 63-12-134(b).

I have been given a copy of the (pink) postoperative care instruction sheet and will follow all instructions.

I hereby release SSNA, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure, any adverse reactions from vaccinations or any disease contracted due to incomplete vaccination status. I agree that I have not and will not claim any right of compensation from them, file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto.

Owner/agent hereby agrees to indemnify and hold SSNA harmless for any damages caused during the housing or transportation of this animal.

Signature: _____