



APPLICATION AND CONSENT FOR STERILIZATION OF FERAL CAT(S)

The Neuter Commuter

A service of the ...Passaic County Mobile Spay / Neuter Coalition

1360 Clifton Avenue, #348, Clifton, New Jersey 07012

Phone: 973-454-1625 Fax: 973-785-3610 Email: info@NeuterCommuter.com



Please Note: This form must be fully completed and submitted for each animal prior to the scheduling of all sterilization surgeries.

Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephones - Home: _____ Work: _____ Cell: _____

Colony Location (city/town): _____ Approximate # of cats at location: _____

Animal's Name: _____ Male Female Unknown Approximate Age: _____

Color/Markings: _____ Dominant Breed: _____

SURGERY SERVICES REQUESTED (please check all that apply) :

Feline Castration Feline Spay Possible Pregnancy Termination Unknown Sex

VACCINES / TESTING SERVICES REQUESTED (please check all that apply) :

Rabies Vaccine Distemper Vaccine FELV/FIV Test Ear Tipping

Please Note: All animals will receive a rabies vaccination unless proof of previous inoculation is provided prior to surgery.

ADDITIONAL REQUESTS / COMMENTS: _____

DECLARATIONS:

I, being of legal age and responsible as owner or caretaker for the animal(s) described above and having the authority to grant the Passaic County Mobile Spay/Neuter Coalition (the "PCMSNC") staff members, volunteers, and/or agents my consent to receive, transport, prescribe for, treat, and/or perform sterilization surgery upon the animal(s) named above, hereby provide such consent and confirm my understandings as follows.

I understand that PCMSNC will employ current veterinary techniques and trained veterinary staff to care for the animal(s), and that reasonable precautions will be used against injury, escape, and/or death of such animal(s). I understand and agree that I may not hold PCMSNC, its staff, volunteers, and/or agents liable or responsible in any manner for the results of any services provided, and that I assume all risks for same. I further understand that there are risks whenever an animal is placed under anesthesia for surgery and that a pre-surgery veterinary examination is recommended to determine if an animal is fit for surgery. If the PCMSNC veterinary staff is unable to perform a pre-surgery examination due to an animal's behavior, I hereby authorize proceeding with the requested surgery without such examination and agree to assume all risks related thereto. I also understand that the PCMSNC veterinary staff may refuse to perform any procedure on any animal for any reason at their sole discretion.

I understand that, if the PCMSNC veterinary staff deems the animal(s) to have a flea and/or tick and/or ear mite infestation, they will be treated for same, and I agree to pay any and all additional costs related thereto.

I understand that testing for FELV/FIV will be upon my advance request only and will be subject to additional costs. I further understand that when I request PCMSNC to perform such testing, and the test result is positive, I agree to either continue to care for and monitor the health of the animal(s) that tested positive and provide protection from health deterioration of such animal(s); or to have an alternative plan for the care of the animal(s) that tested positive.

I understand and agree that any decision to euthanize an animal will be a team decision that includes the PCMSNC veterinary staff, and the owner/caretaker, if available. The team shall take into consideration the following prior to euthanasia: a positive FELV/FIV test result; visible signs of serious or fatal injury or illness; the caretaker's ability to care for and monitor the animal's health; and the existence of alternative resources for the animal. If the animal is not in immediate jeopardy or unduly suffering, reasonable efforts will be made to contact the owner/caretaker prior to a decision to euthanize the animal; notwithstanding the foregoing, I understand that a euthanasia decision may be made prior to such contact if deemed in the best interest of the animal by the PCMSNC veterinary staff.

I understand that if, in the course of treatment, a condition is discovered which requires immediate veterinary attention and/or an additional procedure, including, but not limited to, a hernia repair, administration of IV fluids, or any other procedure not consistent with a typical sterilization surgery, the PCMSNC veterinary staff may, in their absolute discretion, perform such procedure(s). I hereby provide my consent to same and agree to pay any and all reasonable costs related thereto.

I understand that the animal(s) listed above must be reclaimed from the PCMSNC mobile clinic on the same day that the sterilization surgery is performed and at the time designated by the PCMSNC staff on duty. If I do not reclaim the animal(s) by such date and time, I further understand that the animal(s) will be considered abandoned in accordance with State Law. I further understand that if I abandon an animal, I relinquish all rights to such animal, and I may be held responsible for any and all medical and other costs related to the care provided for such animal, including, but not limited to, boarding expenses. I further understand that abandoning an animal is a violation of the New Jersey State Animal Cruelty Laws, and if I abandon an animal, I will be subject to such laws and liable for all costs related to any resulting criminal or civil prosecution thereunder.

I HEREBY CONSENT TO THE STERILIZATION AND RELATED SERVICES FOR THE ANIMAL(S) I HAVE DESCRIBED ABOVE AND ATTEST THAT THE INFORMATION THAT I HAVE PROVIDED TO PCMSNC IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Owner/Caretaker: _____ Date: _____