



Feral/Community Cat: Walk Up Appointment Form

Appointment Date: _____ Location: _____

Animal Name: _____ Age: _____ Years or Months: _____

Sex (Female, Male, Unknown): _____

Color(s): _____

Other identifiers if there is more than one cat with the same coloring and sex:

Client/Organization Name: _____

Address: _____

City: _____ Zip Code: _____

Cell Phone: _____ Alternate Phone: _____

Email Address: _____

All cats will receive the Feral Cat Package which includes; Spay/Neuter, Pain Injection, Rabies, FVRCP, Flea Treatment, and Ear Tip.

Please select additional treatments you would like the cat to receive:

Dewormer (Tapeworms) \$10

Dewormer (Roundworms) \$10

Microchip \$15

Microchip provided \$5

Consent and Release Form for Surgery / Medical Treatment

Appointment Date: _____

Animal Name: _____ Animal Species: _____

Client Name: _____ Client Phone/Cell: _____

Client Address: _____

Client Address Line 2: _____

City: _____ State: _____ Zip Code: _____

IMPORTANT - PLEASE READ CAREFULLY

This document affects your legal rights. By signing, you are giving consent for medical/surgical treatment of your animal, accepting certain risks (up to & including the risk of death), releasing liability, and agreeing to resolve disputes through binding arbitration.

I, the undersigned, am the lawful owner or authorized representative /caretaker of the animal described above & that will be receiving surgery/treatments for ("my animal"). I declare under penalty of perjury that I have the authority to present this animal for surgery and/or medical treatment, and I consent to Pasado's Safe Haven ("PSH"), its staff, volunteers, or agents receiving, transporting, prescribing for, treating, and/or performing surgery or medical procedures on my animal. I acknowledge and agree to the following:

1. Anesthetic and Surgical Risk

- I understand that **general anesthesia and surgery carry inherent risks, up to and including death**, particularly for animals who are late-term pregnant, in heat, sick, injured, in a reproductive emergency situation, over 5 years old, overweight, have a heart murmur, or when there is limited/no medical history available.
- I accept the risks associated with anesthesia and surgery, including complications from **underlying, known or unknown health conditions**, and I agree to hold PSH harmless should my animal die before, during, or after surgery, or suffer complications not resulting in death.
- PSH uses qualified and licensed personnel and modern, safe, and industry-standard medical techniques and materials to ensure the safety and well-being of your pet while in our care.
- Bloodwork is strongly recommended for animals 5 years or older and must be performed within two weeks of surgery. If this has not been obtained, a signed waiver will be required to allow us to proceed with the surgical procedure. We do not provide bloodwork at our clinics.
- If my animal has known health issues that increase the risk of complications, I understand I may be asked to sign an **additional condition-specific waiver** before surgery proceeds.

2. Medical Conditions and Emergencies

- If, in the course of treatment, a condition is discovered which requires additional or emergency medical attention, I authorize the attending veterinarian, in their sole discretion, to perform such procedures as deemed necessary.
- PSH will make reasonable efforts to contact me prior to surgery using the contact information provided. However, if I cannot be reached promptly or at all, I consent to the veterinarian's discretion in proceeding and will be responsible for any charges arising from the treatment of these conditions.

3. Pregnancy

- I understand and consent that if my animal is pregnant at the time of surgery, the procedure will be performed, and the pregnancy will be terminated. We do not perform pregnancy testing at our facilities.

4. Industry Standards – Tattoo and Ear Tip

- I understand that it is industry standard to place a small tattoo near the belly button to indicate sterilization for both males and females, and I consent to this.
- I understand that feral/community cats will be ‘ear-tipped’ during sterilization and consent to this.

5. PSH’s Right to Refuse Service

- I understand that PSH does not provide services to breeders.
- I understand that the attending veterinarian has the sole discretion to refuse to perform any procedure on any animal for any reason.
- We have the right to refuse service to clients for violating our breeder policy, any misrepresentation of ownership or ability to request or decline services, or abusive behavior toward staff, volunteers, other customers, or animals. This includes those that have previously had privileges revoked for violation of these policies.

6. Owner Responsibilities

- I agree to follow all **post-operative care instructions** provided by PSH. I understand that PSH is not responsible for complications arising from my failure to comply with such instructions.
- I acknowledge that payment in full is required on the day of surgery.

7. Animal Pickup and Abandonment

- I understand that all animals must be picked up at **the time designated by clinic staff on the same day as surgery**, unless otherwise agreed.
- If I fail to retrieve my animal at the time designated by clinic staff on the same day as surgery or if I refuse to pay the agreed upon or reasonable charges for my animal’s treatment and care on the day of surgery, I understand that my animal will be deemed legally abandoned, and PSH may make decisions regarding its disposition pursuant to RCW 16.54.010 and 16.54.020.

8. Release of Liability

- I voluntarily release, hold harmless, and indemnify PSH, its agents, officers, employees, and volunteers from any and all claims, damages, costs, losses, or liabilities arising out of or connected to the services provided, including but not limited to anesthesia, surgery, treatment, transport, hospitalization, recovery, and discharge.

9. Arbitration Agreement

- I agree that any dispute, claim, or controversy arising out of or related to the services provided by PSH, this consent form, or my animal’s treatment shall be resolved exclusively through **binding arbitration** in accordance with the rules of the American Arbitration Association (AAA).
- Both I and PSH waive the right to bring any such claims in court before a judge or jury.
- The arbitration shall take place in Washington State, and each party shall bear its own costs and attorneys’ fees, unless otherwise awarded by the arbitrator.

10. Consent to Use Animal’s Image

- I consent to the use of my animal’s name and likeness by PSH for program promotion and educational purposes.

11. Certification of Income Qualification

- I certify that I am low-income status as defined by RCW 43.185A.010 or that this pet is homeless.

Acknowledgment:

I have read and fully understand this consent and release form. I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction. By signing, I acknowledge and accept the risks described above.

Date: _____

Printed Name: _____

Signature of Owner/Authorized Agent: _____