



Rescue: _____ Date: _____

Type	Animal's Name	Color	Breed	Sex	Age	Services											Weight	Microchip #
__Dog __Cat						Alter	Hernia	Chip	Distemper	Bordatella	Rabies	Lepto	4DX	Fecal	Combo	FVRCP		
__Dog __Cat						Alter	Hernia	Chip	Distemper	Bordatella	Rabies	Lepto	4DX	Fecal	Combo	FVRCP		
__Dog __Cat						Alter	Hernia	Chip	Distemper	Bordatella	Rabies	Lepto	4DX	Fecal	Combo	FVRCP		
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I, acting as owner or agent of the animal(s) named above, authorize the SNIP Society, NFP to perform spay/neuter surgery on the animals listed above. I authorize the Veterinarian to administer any treatment considered necessary during the course of the examination and/or surgery. I release and indemnify all SNIP Society, NFP employees, volunteers and agents from all liability associated with the animals listed above. I understand the Veterinarian maintains the right to refuse surgery for any animal for whom surgery is deemed a health risk.
 I understand that these animals will receive a small tattoo on their underside indicating sterilization.
 I understand that I am financially responsible for any and all medical conditions (directly related to the requested surgery) that are found at the time of surgery & require treatment (for instance, infection of uterus, etc).
 I authorize SNIP Society to keep my credit card on file and charge for payment at the time of service.
 I authorize SNIP Society to keep my signature on file for this and future credit card purchases.

Signature _____