

SPAY DAY REGISTRATION

Animal Rescue League of Berks County ~ 58 Kennel Road, Birdsboro
610-373-8830 ~ www.BerksARL.org

First Name:

Last Name:

Street Address:

City:

State:

Zip:

Phone:

Email:

Name of Cat:

Male

Female

Age:

Breed:

Coloring:

Medications:

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Consent Agreement

I, the undersigned, do release and discharge the Animal Rescue League of Berks County and/or its affiliates/volunteer personnel from any responsibility in the event that complications or death occur as a result of any medications, vaccinations or treatment received during a spay and neuter clinic.

I also understand that if complications should arise after my pet has been discharged that I must obtain veterinary care at my own expense at a veterinary hospital of my choice.

I am the owner, or agent for the owner, and I have the authority to execute this consent.

I hereby consent and authorize the performance of the following procedure(s) and/or operation(s):

OHE (Spay)

Castrate (Neuter)

Rabies Vaccination

Distemper Vaccination

Signature: _____ **Date:** _____

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Office Use Only:

Date Received:

Approved: Y N

Date Notified:

