



Owner Last Name _____ First _____

Address _____ Apt _____

City _____ State _____ Zip Code _____

Primary Phone (_____) _____ Alternate Phone (_____) _____

Email Address _____

Pets Name _____ Cat Dog Breed _____

Male Female Color/Markings _____ Age _____

My pet is indoor only outdoor only indoor / outdoor

1. Is your pet fasted (no food or water since midnight last night)? yes no

2. Does your pet have any previous veterinary history, including vaccinations? yes no

**If yes please list _____

3. Has your pet had any prescription or over the counter medication in the past 10 days? yes no

**If yes please list _____

4. Has your pet suffered any type of injury or illness in the past 30 days? yes no

*If yes please explain _____

5. Has your pet received any flea treatment in the past 30 days? yes no

**If yes please list date and product applied _____

I, the below undersigned, being of legal age and the owner or legal custodian of the animal described above, hereby authorize the Animal Rescue League of Boston ("League"), including its officers, employees, agents, representatives, and volunteers, to receive, transport, prescribe and administer medications, medically examine and treat, and perform sterilization surgery upon the animal described above.

I acknowledge that the League will utilize generally accepted veterinary and husbandry practices in treating and caring for the animal.

I acknowledge that the League, including its officers, employees, agents, representatives, and volunteers, shall not be liable for any injury, loss, escape, or destruction of the animal however caused or precipitated or for any injury or destruction caused by the animal to third parties and that I shall hold the League harmless and reimburse the League in full from any and all claims, demands, or judgments as a result of such injury, loss, escape, or destruction of the animal however caused or precipitated or for any such injury or destruction caused by the animal to third parties.

If during the course of examination, treatment, or surgical procedure the League determines that additional medical treatment, procedure or surgery is reasonably required in the best interests of the animal's health and welfare, then I authorize the League to provide such additional medical treatment, procedure or surgery.

I understand that the sterilization surgical procedure shall be performed at the discretion of the League's veterinary staff and that appropriate anesthetics will be utilized even where the animal may be a pregnant female. A refusal by the League's veterinary staff to perform the sterilization surgical procedure, or any other surgical procedure, shall be at its sole discretion.

I acknowledge that in the event that the animal becomes ill after the surgical procedure(s) authorized herein, then I should return the animal to the League for examination and potential further treatment as soon as possible in which event if it is determined that the post surgical illness is related to the sterilization surgery or other procedure performed by the League, then such additional treatment shall be at no cost to me. If I elect to bring the animal to another veterinarian or veterinary treatment facility, however, then the League has the right to refuse reimbursement for such additional treatment if the League determines that the post surgical illness or condition is not related to the treatment or surgical services provided by the League.

I acknowledge that the animal described herein must be picked up from the League's "Spay Waggin" at the designated pick-up time the same day of surgery. In the event that I do not claim my animal by such time, then I understand that the animal will be considered abandoned and the League will act appropriately and consistent with its procedures for handling abandoned animals. I understand that once my animal has been deemed abandoned, then I relinquish all right, title and legal interest in the animal but that I will be held responsible for all medical and boarding expenses incurred up to the time of abandonment and for any such additional medical and boarding expenses incurred thereafter in the event that I attempt to reclaim my animal.

 Signature _____ Date _____

CLINIC USE ONLY

RABIES TAG # _____ FVRCP DA2PP MICROCHIP HW TEST FELV/FIV TEST EAR TIP