LOW-COST SPAY/NEUTER RELEASE FORM

By signing this release form I/we the owner(s) of the pet __________________, do hereby fully and completely release and discharge the Spay/Neuter Clinic at the Center for Avian and Exotic Medicine (CAEM), and all persons, agents, employees, directors and officers thereof and/or on it’s behalf liable from and against any and all actions, causes of action, claims, demands, assertions, contentions, suits, damages, expenses and losses of any kind and description which in any manner pertain to, concern, involve or relate to the spaying or neutering of my/our pet, including such pet’s death or injury, and I/we agree to indemnify and hold harmless all entities and persons being released hereunder from and against all actions, causes of action, claims, demands, assertion, contentions, suits, damages, expenses, and losses resulting from the foregoing activities. I accept the current fee of $125

Furthermore, I/we understand that be using the spay/neuter clinic at CAEM, I have declined the option of using the standard spay/neuter services offered by CAEM. I/we agree to the following:

● To the best of my knowledge, my/our pet is:
  o He/she is healthy as far as I/we am/are aware and has no pre-existing medical conditions.
  o If he/she is a guinea pig or chinchilla, he/she is older than 4 months, but younger than 8 months.
  o If he/she is a rabbit, he/she is older than 4 months, but younger than 1 year.
  o If he/she is a rat/mouse/hamster, he/she is older than 3 months, but younger than 6 months.
● The veterinarian may opt to refuse surgery based on the physical exam given prior to surgery.
● By using these services, there may be increased risks of post-operative care due to the fact that my pet will not remain in the hospital overnight.
● Any post-operative complications will require medical care and will not be discounted in any way.
● I/we, the pet owners, are responsible for any intra-surgical complications and costs accrued based on these complications.
● I/we, the pet owners, will administer any prescribed antibiotics as directed for infection prevention.

Signature ________________________________________
Date ____________________________
Primary telephone ____________________________
Emergency telephone ____________________________

Please remember that pets must be picked up between the hours of 5:00 PM and 6:00 PM on the day of their surgery. If an unusual or emergent situation arises and you are unable to pick up your pet, there will be additional hospitalization and patient care fees.