

I, \_\_\_\_\_, (Caregiver or authorized transporter, authorize Volusia County Animal Services to sterilize TNR colony cat, ear tip, vaccinate for rabies, FVRCP, and flea treatment. I Understand that the operation presents some hazards and that injury to or death of an animal may conceivably result, for there is some risk in the procedures and the use of anesthetics and drugs used in providing' this procedure. I understand that the Animal Care Clinic has the right to refuse service to any animal to whom surgery is deemed a health risk. I understand that the Animal Care Clinic only provides sterilization of TNR cats, rabies vaccination, and FVRCP vaccination. I understand that the Animal Care Clinic does not provide any after-hours emergency care for my animal and if my animal does need after-hours emergency assistance that I should contact my local veterinarian. I hereby release the Volusia County Council, Volusia County Animal Services, the veterinarians, assistants, and all its employees from any and all claims arising out of or connected with the performance of this operation or procedure. I agree that I have not or will not claim any right of compensation from them or file any action by reason of such sterilization or attempted sterilization of such animal consequences related thereto.

**PLEASE PRINT INFO LEGIBLY**

CAT NAME: \_\_\_\_\_

COLONY CAREGIVER NAME: \_\_\_\_\_

ADDRESS OF COLONY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONTACT # FOR TODAY: \_\_\_\_\_

CLINIC USE ONLY

MALE

FEMALE