



Rescue

Date

Name	<input type="radio"/> Spay	<input type="radio"/> Rabies Vaccine	<input type="radio"/> Heartworm Test
<input type="radio"/> Dog <input type="radio"/> Cat	<input type="radio"/> Neuter	<input type="radio"/> Distemper	<input type="radio"/> Combo Test
	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Hernia Repair	<input type="radio"/> Bordetella
Age (DOB)		<input type="radio"/> Pull Retained Teeth	
Color	<input type="radio"/> Microchip		
Breed	Chip Provided <input type="radio"/>		

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Breed	Chip Provided <input type="radio"/>		

I, acting as owner or agent of the pet named above, authorize the FVAWL to perform surgery on this animal. I authorize the Veterinarian to administer any treatment considered necessary during the course of the examination and surgery. I release and indemnify all FVAWL employees, volunteers, and agents from all liability. I understand that the Veterinarian maintains the right to refuse surgery for any animal for whom surgery is deemed a health risk.

These animals will receive a small tattoo on their underside indicating sterilization.

Signature _____