



# Fox Valley Animal Welfare League Spay/Neuter Clinic

Rescue: \_\_\_\_\_ Date: \_\_\_\_\_

Type	Animal's Name	Rescue ID #	Color	Breed	Sex	Age	Services	Weight	Microchip #
<input type="checkbox"/> Dog <input type="checkbox"/> Cat							<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Alter Hernia Chip RV Dist Bord HWT Combo		
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I, acting as owner or agent of the animal(s) named above, authorize the Fox Valley Animal Welfare League to perform spay/neuter surgery on the animals listed above. I authorize the Veterinarian to administer any treatment considered necessary during the course of the examination and/or surgery. I release and indemnify all FVAWL employees, volunteers and agents from all liability associated with the animals listed above. I understand the Veterinarian maintains the right to refuse surgery for any animal for whom surgery is deemed a health risk. I understand that these animals will receive a small tatoo on their underside indicating sterilization.

\_\_\_\_\_  
Signature