



Fox Valley Animal Welfare League Spay/Neuter Clinic

Rescue: _____ Date: _____

| Type | Animal's Name | Rescue ID # | Sex | Color | Breed | Age | Services | | Microchip # |
|--|---------------|-------------|-----|-------|-------|-----|--|--|-------------|
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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