



CAT(S) #
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**Toronto Animal Services East Spay/Neuter Clinic Consent and Waiver:**

I, the undersigned authorize the veterinarians at the Toronto Animal Services (TAS) East Spay/Neuter Clinic to perform feral cat surgical spay/neuter surgery on the above named cats (the "Cat(s)"). I am the caretaker for the Cat(s), I have read and understand and agree to comply with the TAS East Spay/Neuter (S/N) Clinic Policies for Feral Cats and the TAS East S/N Clinic Post-Operative Information and Instructions for Feral Cats and have had the opportunity to ask questions concerning anything that I do not understand.

I certify that to the best of my knowledge, the Cat(s) have not bitten anyone in the preceding 10 days.

I understand and accept that there are risks inherent to anesthesia and S/N surgery for the Cat(s), particularly if the Cat(s) are pregnant, in heat, injured, sick, and/or have no medical history available. I understand that the Cat(s) do not undergo a preanesthetic evaluation by a veterinarian. I understand that these risks could complicate the Cat(s)' recovery and/or survival from anesthesia and/or S/N surgery.

I understand and agree that a TAS veterinarian, in his or her discretion, may euthanize any of the Cat(s) without contacting me if a Cat experiences a serious adverse reaction to anesthesia and /or complications during S/N surgery, or is deemed by the TAS veterinarian to be seriously ill, seriously injured, or unlikely to humanely survive if released to a free roaming lifestyle following S/N surgery.

I release and agree to hold harmless and forever discharge the City of Toronto, its agents, employees and servants from any liability whatsoever which may arise as a result of the S/N surgery performed on the Cat(s) and/or any related complications.

I have read and understand this consent and waiver.

\_\_\_\_\_  
Caretaker Name (print)

\_\_\_\_\_/\_\_\_\_\_  
Surgery Date

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Phone#1      Phone#2

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
City, Province, Postal Code

\_\_\_\_\_  
Caretaker Name (signature)

\_\_\_\_\_  
Witness Name (print)

\_\_\_\_\_  
Witness Name (signature)