



SPAY/NEUTER

2002 West Superior Street
Duluth, MN 55806
T: (218)-623-6342
F: (218)-623-6719
E: info@northlandspayneuter.org

Animal ID #
(Office Use Only)

ANIMAL FIVE (5) YEARS OF AGE OR OLDER SURGERY RELEASE/AGREEMENT

Date of Surgery

Owner's First Name

Owner's Last Name

Animal's Name

Transport (If Applicable)

TPSN Examining Veterinarian

If the Animal is five (5) years of age or older, you must provide proof of pre-surgical blood work (CBC & chemistry panel) performed by Twin Ports Spay/Neuter, PLLC. ("TPSN") or your full-service veterinarian at a maximum of one (1) week and a minimum of one (1) day prior to surgery OR agree to and sign the release/agreement below.

Carefully read and ensure you understand all the information of this agreement before signing your name.

I, acting as owner or agent of the Animal named above, hereby request and authorize Twin Ports Spay/Neuter, PLLC. ("TPSN"), through whomever veterinarians, technicians, assistants, or employees they may designate, to treat and/or administer vaccinations and/or perform an operation for sexual sterilization of the Animal that is five (5) years of age or older.

I acknowledge and understand that I have had the opportunity to ask questions regarding the procedure.

I am aware, acknowledge, and understand that there is an increased risk, including but not limited to, injury or death during sexual sterilization of animals five (5) years of age and older.

I am aware, acknowledge, and understand that I have had the opportunity to procure pre-surgical bloodwork, yet have chosen not to have bloodwork performed prior to surgery.

I understand and agree that TPSN, all veterinarians, technicians, assistants, and employees (collectively, the "Released Parties") shall not be liable to or held responsible by me in any matter whatsoever for, or in connection with, the procedure(s) to be performed on the Animal that is five (5) year of age or older and/or any vaccinations to be given to the Animal, and I hereby hold the Released Parties harmless for, from, and against any and all liability and damages that may arise.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS IN THE ANIMAL FIVE (5) YEAR OF AGE OR OLDER SURGERY WAIVER/AGREEMENT AND ANY ATTACHED AGREEMENTS

Owner/ Agent Name Printed

Owner/Agent Signature

Date

Witness for Twin Ports Spay/Neuter Printed

Witness for Twin Ports Spay/Neuter Signature

Date