



Animal ID #
(Office Use Only)

SPAY/NEUTER

2002 West Superior Street

Duluth, MN 55806

T: (218)-623-6342

F: (218)-623-6719

E: medical@northlandspayneuter.org

FeLV/FIV TESTING RELEASE/AGREEMENT

Date of Surgery

Owner's First Name

Owner's Last Name

Animal's Name

Transport (If Applicable)

Examining Veterinarian

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 perform an ELISA FeLV/FIV test on the Animal named above. I understand that I am encouraged to seek out the advice of TPSN or my full-service veterinarian for repeat testing and recommendations.

In the event the Animal tests positive, I select the following option to be carried out by the TPSN staff with my permission, without further consent.

I request that TPSN spay/neuter the Animal as requested in the Surgical Consent/Release Form and return to me.
_____ (Please initial)

I request and authorize that TPSN perform an additional IFA (test on the Animal, for an additional cost, to confirm FeLV status, spay/neuter the Animal as requested in the Surgical Consent/Release Form and return to me.
_____ (Please initial and select one of the following)

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS IN THE FeLV/FIV TEST RELEASE/AGREEMENT AND ANY ATTACHED AGREEMENTS

Owner/ Agent Name Printed

Owner/Agent Signature

Date

Witness for Twin Ports Spay/Neuter

Date

FOR OFFICE USE ONLY

Sx Date: ____ / ____ / ____ Initials: _____

Owner/Transport Group (If Applicable): _____