

Surgery Consent/Notice and Release from Liability

Your Name _____ Rabbit's Name _____

Street Address _____ City _____ Zip _____

Home Phone _____ Cell _____

I UNDERSTAND THAT MY RABBIT IS GOING TO BE "FIXED" (spayed or neutered) TODAY. (Initial) _____

Spay/neuter surgery in SNAP's mobile clinic is performed according to approved standards of veterinary practice. However, as with any medical procedure, complications or unexpected difficulties may arise during or after surgery. These complications may include bleeding, infection and in rare case, death. Rabbits with certain pre-existing conditions, including geriatric (older) rabbits and pregnant rabbits, may face a greater risk. I understand that pre-surgical blood work or X-rays (which may identify underlying pre-surgery conditions) are NOT performed. I further understand that by signing this form, I voluntarily authorize the Spay-Neuter Action Project and a veterinarian under contract with SNAP to spay or neuter my rabbit. I accept the surgical risks described herein and other unnamed risks involved with necessary pre-surgery medication, anesthesia and/or surgery. I further understand that the performing veterinarian has the final discretion to perform the surgery. If an increased medication/surgery risk to your pet is determined, the veterinarian may decline to perform the surgery.

If, in course of treatment, a condition is discovered that may be corrected by an additional procedure (like hernia repair, abscess, laceration repair, tooth extraction) the attending veterinarian may perform such procedures in conjunction with the spay/neuter at the veterinarian's discretion. I pre-consent to these procedures when needed – at no extra cost.

At admissions, SNAP volunteers will provide the time for rabbit pick up. I agree to pick up my rabbit at the Neuter Scooter at the time stated. I understand that it is vital to pick up my rabbit at the time specified as the clinic closes after the specified pick up time. If I am unable to pick up my rabbit at the time stated, I will make arrangements for someone else to provide pick up. I also understand that I will be responsible for any additional expenses incurred by SNAP to care for my rabbit if not picked up before the close of clinic. (INITIAL) _____

TODAY'S PICK UP TIME IS: _____ (INITIAL) _____

I understand that I will receive post-surgical care instructions at pick-up. I assume full responsibility for providing appropriate post-surgical care for my rabbit. If post-operative instructions are not followed and my pet requires private veterinary care, I understand that SNAP will provide information assistance but NOT financial assistance. (INITIAL) _____

In consideration of being permitted to participate in SNAP's rabbit-only Spay Day, I hereby waive, release and forever discharge for myself, my heirs, legal representatives, next of kin, assignees and successors any interest (collectively, Successors) any and all rights and claims for damages, injuries, expenses or costs of any kind (collectively, Claims) which I now have or may acquire in the future, which may or may not be directly or indirectly related to the spaying or neutering of my rabbit, against SNAP, HRS, the officials, employees, agents, contractors and volunteers (collectively, Released Parties), and the Neuter Scooter. The waived, release and discharged Claims, including Claims arising from the Released Parties' alleged active or passive negligence. I agree for myself and my Successors that the above representations are contractually binding and that if I, or my Successors, assert a claim in contravention of this Agreement, the asserting party shall be liable for all expenses (including attorneys' fees and court costs) incurred by the party or parties to defend that claim, unless the other party or parties are finally adjudged to be liable on such claim for willful or wanton negligence. This Agreement may not be modified orally.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT THIS IS A RELEASE FROM LIABILITY AND A CONTRACT BETWEEN SDHRS AND MYSELF. I SIGN IT OF MY OWN FREE WILL.

Signature of Owner _____ Date _____

Witness (SNAP Staff/Volunteer) _____ Date _____

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Your Name _____ Rabbit's Name _____

Rabbit Sex (circle one): MALE FEMALE

Breed _____ Color _____ Age _____ (Yrs) _____ (mo)

How long have you owned this rabbit? _____

When was the last time your animal had any food? _____ Water? _____

Within the last two weeks, has your rabbit displayed any of the following? (Please circle)

Sneezing Coughing Diarrhea Not Eating Not Defecating No changes

Within the last two weeks, are you aware of any changes in your rabbit? Yes _____ No _____

If yes, please explain

Has your rabbit ever had a seizure? Yes _____ No _____

If yes, please explain _____

Is your rabbit pregnant? Yes _____ No _____ Maybe _____ Doesn't Apply (Male) _____

If your female rabbit is found to be pregnant, do you understand that the offspring will not survive the surgery?

Please Initial: Yes _____ Doesn't Apply (Male) _____

Has your rabbit given birth in the last 2 months? _____ If yes, when? _____ Doesn't Apply (Male) _____

Are you aware of your rabbit having a history of:

Health Problems _____ Injury (such as a fall or attacked by another animal) _____

Please explain

Has your rabbit had surgery before? Yes _____ No _____

If yes, please explain

List any medications your rabbit has taken within the last month (including treatment for fleas/ticks) and why

Is you rabbit RHDV vaccinated? Yes _____ No _____

Rabbit Hemorrhagic Disease Virus (RHDV) is a highly contagious disease caused by a calicivirus that affects rabbits. We recommend, but not require vaccination. SNAP ensures all surfaces are sterile as required by the CAVMB to prevent transmission of any infections.

Client Signature _____ Date _____

How did you hear about our spay/neuter program? _____