



**Bully Baby Rescue, Inc.**

PO Box 1524  
Port Chester, NY 10573  
914-565-1512

Registration #: \_\_\_\_\_

Pet #: \_\_\_\_\_ of \_\_\_\_\_

Sex: \_\_\_\_\_ Breed: \_\_\_\_\_

Office Use Only

**Spay/Neuter Clinic Registration Form**

**Sunday – June 3<sup>rd</sup>, 2018**

**Animal Caretaker Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Cat Information – Answer All That Apply:**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_  
Colors: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Possible Health Issues: \_\_\_\_\_  
City / State Where Animal Trapped: \_\_\_\_\_ Colony Name: \_\_\_\_\_

**Carefully read and understand the following before signing this document.**

**Bully Baby Rescue Inc. (“BBR”) Spay/Neuter Clinic uses qualified staffing and approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present with animals that undergo surgery.**

- I, owner or owner's agent or representative ("Owner"), hereby request and authorize Bully Baby Rescue, Inc. Low-Cost Spay/Neuter Clinic (the "Clinic") to spay or neuter (the "Procedure") the animal named above ("Animal").
- I, Owner, understand that there are certain risks inherent in the Procedure and that injury or death may result. I certify that my animal is in good health.
- I, Owner, certify that my Animal has not taken any food/water by mouth for at least the preceding 12 hours, and I have been advised of the dangers of feeding my Animal prior to the Procedure. These dangers include, but are not limited to: death, serious physical or mental impairment.
- I, Owner, certify that Animal's vaccinations are up to date and understand the risks to Animal if its vaccinations are not current.
- I, Owner, understand that the Clinic has the right to refuse service to Animal.
- I, Owner, understand that the Clinic will not perform a complete physical examination of, or any pre-operative blood work on Animal.
- I, Owner, understand that certain factors significantly increase risks relating to the procedure, including but not limited to: pregnancy, heat, diseases, and Owner has disclosed all such risks known to Owner.
- I, Owner, understands that if Animal is pregnant, the pregnancy will be terminated during the Procedure.
- I, Owner, understands that if Animal is not retrieved at the agreed upon time, the Clinic will surrender Animal to the nearest animal shelter.
- Bully Baby Rescue, Inc. will not be responsible for emergency postoperative care. Owner must contact BBR within 48 hours of the procedure should an emergency arise. Bully Baby Rescue will contact participating veterinarians to provide emergent care.
- Bully Baby Rescue, Inc. will not be financially responsible for emergency postoperative care and will not reimburse owner for emergent care.
- I, Owner, hereby irrevocably and unconditionally releases and forever discharges the Clinic, its agents and representatives, all veterinarians, assistants, volunteers, and individuals associated with the Clinic, Bully Baby Rescue, Inc., and Bully Baby Rescue, Inc. agents, representatives, directors, officers, and employees from any and all actions, causes of action, damages, losses, harm, and/or injuries that Owner and/or Animal may suffer based upon, related to, or in any way arising out of Owner and/or Animal's participation in the Clinic and/or the performance of the Procedure.
- I, Owner, hereby covenant not to sue the Clinic, its agents and representatives, all veterinarians, assistants, volunteers, and individuals associated with the Clinic, Bully Baby Rescue, Inc., and Bully Baby Rescue, Inc. agents, representatives, Directors, officers, and employees.

**Signature:** \_\_\_\_\_

**Date:** June 3<sup>rd</sup>, 2018

(sign and date at the clinic)