

Spay and Neuter Abandoned Cats & Kittens, Inc.  
P.O. Box 121 , Sunbury, OH 43074  
Email: info@snackohio.org

**COMMUNITY FIX-IT DAY**

REGISTRATION FORM

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **TOWNSHIP** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **ALTERNATE PHONE:** \_\_\_\_\_

Share my contact information with the clinic for booster vaccinations and appointments. Yes \_\_\_\_\_  
No \_\_\_\_\_

**CAT INFORMATION**

CAT'S NAME: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

BREED/COLOR: \_\_\_\_\_ AGE \_\_\_\_\_

MY CAT IS: a pet \_\_\_\_\_ a stray \_\_\_\_\_ feral \_\_\_\_\_.

If your cat has any known allergies, previous surgeries, any other known medical conditions or is taking any medication, including flea preventative, list them here and the date taken. (You may state "no" or "unknown" as applicable.)

\_\_\_\_\_

CAT'S NAME: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

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\_\_\_\_\_

Please submit a check or money order for \$25/cat payable to SNACK, Inc., P.O. Box 121, Sunbury, OH 43074 along with this completed registration form and surgical consent and waiver of liability. Space is limited and will be filled on a first-come, first served basis. Confirmation will be by phone. Offer is limited to two cats/household/event, through SNACK only, and is not valid to animal rescue groups. Please call 614-371-8996 if you are unable to make the scheduled day. No call/no shows will not receive a refund.

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### **SURGICAL CONSENT AND WAIVER OF LIABILITY**

By my signature below I acknowledge and/or agree that:

1. I am the owner of the above animal(s) or responsible for its care and have the authority to execute this consent.
2. To my knowledge, the animal(s) is in good health. I acknowledge the fact that all pre-surgical and post-operative care is my responsibility. I will not hold SNACK, Inc. or the veterinarian or staff responsible for any adverse reaction or complications that may develop as a result of this surgery or vaccination.
3. I recognize the risks all animals face when undergoing anesthesia, surgery, or vaccinations particularly those cats who are pregnant, in heat or sick, and hold SNACK, Inc. and its volunteers and veterinarian and staff harmless should a cat experience complications, injury, escape or death. I understand a thorough physical examination will not be done at the time of surgery.
4. The veterinarian reserves the right to refuse surgery on any cat judged to be a surgical risk.
5. Any cat that has an allergic reaction, or is deemed by the veterinarian to be fatally ill or fatally injured, may be humanely euthanized.
6. I agree to pick up my cat(s) on the same day of surgery between 5:00 and 6 p.m. I will contact SNACK, Inc. (614-371-8996) before 5:30 pm if I am going to be late and need to board my cat. In such case, I understand I will be liable for boarding fees of \$15 per night. If after 3 days, I have not picked up my animal, it will be considered abandoned.

I have read, understood, accepted, and agreed to be bound by the above conditions contained within this consent form and waiver of liability. By signing my name here, I am stating I agree to the above terms.

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Signature

Date of Signature

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Printed Name