

REGISTRATION

1. Name of owner or guardian _____

2. Address _____

3. Telephone: _____

4. Name of animal _____ Age: ____ Years ____ Months

5. Species: Dog Female Male

Cat Female Male

6. Color:

White ____ Black ____ Brown ____ Other: _____

NO FOOD OR WATER AFTER 8 P.M. SATURDAY NIGHT. EXCEPTION IS NURSING KITTENS AND PUPPIES; THEY NEED TO BE WITH THEIR MOM.

SUGGESTED DONATION IS \$8 PER CAT OR KITTEN AND \$15 PER DOG OR PUPPY.

Warning: The sterilization and anesthetic procedures could have some medical risks, including increased risk of cardiac depression or death if the animal is dehydrated, malnourished, old, or has health conditions such as cardiac arrhythmia.

Responsibility: I agree to have a sterilization (spay/neuter) procedure practiced on my pet, described above, and I accept all medical risks that could be present. Also, I agree to follow-through and provide all after-surgery care that is indicated to me. In case that my pet were to suffer any harm or die as a consequence of this procedure, I formally agree not blame the organization "FADAB", its workers and volunteers; and I will not sue or bring any civil or penal Court Proceedings against FADAB its officers, representatives, volunteers or veterinary doctors.

Signature of owner/guardian _____

Date _____