

DO NOT WRITE HERE - CLINIC USE ONLY

Feral

Seq # Confirm # Paid Collector

REGISTRATION

Complete sections 1 through 11:

1. Owner or Guardian:

2. Cedula/Visa/Passport:

Confirmation #

3. Address:

4. Telephone:

5. Species:

Dog:

Cat:

9. Color:

6. Gender:

Male:

Female:

7. Age:

Years:

Months:

White	<input type="text"/>	<input type="text"/>
Black	<input type="text"/>	<input type="text"/>
Brown	<input type="text"/>	<input type="text"/>
Otra	<input type="text"/>	

8. Name of Animal:

SUGGESTED DONATION IS \$15.00 PER DOG OR PUPPY AND \$8.00 PER CAT OR KITTEN.

NO FOOD OR WATER AFTER 8 PM SATURDAY NIGHT. THE EXCEPTION IS FOR NURSING PUPPIES AND KITTENS - THEY NEED TO BE WITH THEIR MOTHER.

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 performed 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 my pet were to suffer any harm or die as a consequence of this procedure, I formally agree not to 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.

10. Signature of Owner/Guardian: _____

11. Date: _____