



Email address: thekittencottage@icloud.com

Cell phone number: 082 296 0214

NPO: 238-829

Address: Millstone Farm

Rondeberg Road

Philadelphia

VETERINARY CLINIC

ADMISSION FORM FOR SEDATION/ANAESTHETIC

Owner's Name & Surname		
Contact Number		
Email address		
Cat Name		
Sex	Male	Female

The veterinary staff will use the safest technique and perform an examination prior to your cat/kitten undergoing any procedure requiring sedation and or general anaesthetic. It is important that you understand that certain risks are involved when your cat/kitten is under anaesthetic, regardless of age, breed or apparent health. Anaesthetic risks increase further if the cat/kitten is very young, very old or has a pre-existing, undetected and/or underlying condition.

Therefore, you hereby release **THE KITTEN COTTAGE RESCUE CENTRE'S VETERINARY CLINIC** and agree to defend, indemnify and hold **THE KITTEN COTTAGE RESCUE CENTRE'S VETERINARY CLINIC** its directors, employees, agents, volunteers and members harmless from any and all claims, damage, cost, liability and expense (including reasonable attorney's fees) from any liability, claims and demands or causes instituted against **THE KITTEN COTTAGE RESCUE CENTRE'S VETERINARY CLINIC** in connection with the cat/kitten; including but not limited to its care, housing or euthanasia.

We will however undertake every safety precaution possible to ensure your cat/kitten recovers to the best of our effort.

Signed at **THE KITTEN COTTAGE RESCUE CENTRE'S VETERINARY CLINIC** on this _____ day of

_____ 20____.

SIGN: _____ NAME & SURNAME: _____

WITNESS: _____