



Certificate Number: _____

Client Account Number: _____

CSR: _____

Copy of Residency: ☐ Scanned License: ☐**Jacksonville's Animal Care & Protective Services****DUVAL CAT FIX CERTIFICATE****Part 1 – Client Information**

Last Name, First Name:	Zip Code:
Address (No PO Box):	Phone Number:
Are you a Duval County Resident? ☐ Yes ☐ No	
How are you submitting Proof of Residency? ☐ FL ID, ☐ JEA Payment, ☐ Mortgage Payment, ☐ Lease Agreement	

Part 2 – Cat's Information

Cat's Name:	Color:	Breed: ☐ DSH ☐ DMH ☐ DLH	Age:
Ownership Type:	☐ Community Cat	☐ Owned Female	☐ Owned Male



If the above community cat does not live at the residence listed above, please provide the Zip Code where the cat resides: _____

Part 3 – Waiver of Liability and Responsibility

1. I ATTEST THAT THE PET CAT LISTED ABOVE LIVES AT THE RESIDENCE LISTED ABOVE.
2. I ATTEST THAT THE COMMUNITY CAT LISTED ABOVE DOES RESIDE IN DUVAL COUNTY.
3. I ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
4. I AGREE THAT I WILL PICK UP THE COMMUNITY CAT WITHIN 24 HOURS AFTER BEING CONTACTED THAT IT IS READY FOR PICK UP.
5. I HEREBY CONSENT TO THE PRE-SURGICAL RABIES IMMUNIZATION AND SPAY/NEUTERING OF THE PET DESCRIBED ABOVE.
6. ANIMALS THAT ARE SPAYED OR NEUTERED AND VACCINATED AS A RESULT OF THIS PROGRAM ARE THE RESPONSIBILITY OF THE ANIMAL'S CARE TAKER. I HEREBY AGREE THAT FIRST COAST NO MORE HOMELESS PETS, INC., THE CITY OF JACKSONVILLE AND THE VETERINARIAN PERFORMING SURGERY HAVE NO RESPONSIBILITY OR LIABILITY FOR ANY INJURY OR DAMAGE, OR CLAIMS SUBSEQUENT THERETO, TO ANY PERSON, PROPERTY, OR ANIMAL, CAUSED DIRECTLY OR INDIRECTLY BY ANY OF THE PARTICIPATING PARTIES.

I HAVE READ THE ABOVE STATEMENTS AND I AGREE TO PARTICIPATE IN THIS PROGRAM AND AGREE TO THIS WAIVER OF LIABILITY

CLIENT'S SIGNATURE (required):

Date:

Part 4 – Veterinarian Information

Hospital / Clinic Name: EveryPet		
☐ Spayed ☐ Neutered ☐ COMMUNITY CAT NO TAG GIVEN	Rabies Vaccine Given Today? ☐ Yes ☐ No (already Done)	Rabies Tag Number
I hereby attest that spaying/neutering and immunization of this animal was carried out as recorded above.		
Signature of veterinarian performing Surgery		Date:

Concluding CSR:

EveryPet

6817 Norwood Avenue
Jacksonville, FL 32208
904.425.0005

464 Cassat Avenue
Jacksonville FL 32254
www.EveryPet.org

Turn Over for Anesthesia Form



COMMUNITY CAT ANESTHESIA/SURGERY CONSENT FORM

EveryPet is a high quality, high volume spay/neuter surgical facility. It is important for you to understand that anesthesia, surgery, vaccination and other therapeutic or diagnostic procedures may involve risk of complication, injury or even death, from both known and unknown causes. Carefully read and understand the following before signing your name:

I attest, to the best of my knowledge, that the community cat I am bringing to the EveryPet surgery service is not an owned pet. As the caretaker or agent of this community cat, I request and authorize EveryPet, through its designated veterinarians, to perform anesthesia and a surgical sterilization procedure on the animal. I understand that if the cat is pregnant, the pregnancy will be terminated at the time of surgery. EveryPet veterinarians will make every effort to determine if the cat is a suitable candidate for surgery; however, I acknowledge that undetectable underlying health conditions, such as heart, lung, or organ issues, may increase the risk of surgical complications or death.

EveryPet veterinarians will make the best medical decisions for the patient's care, including performing CPR or administering emergency drugs if necessary. In rare cases where a cat's health is significantly compromised or if complications arise, the veterinarians may elect humane euthanasia, and caretakers will receive a courtesy call. I understand that if I wish to have input in the cat's medical care, I should seek treatment at a private veterinary practice or another clinic where I can participate in decision-making and assume financial responsibility for all services provided.

I understand that if the cat has an open umbilical hernia, it will be repaired at time of surgery at no additional charge. Flea or other skin infections will be treated at no additional cost, to minimize exposure to other animals. I understand that if I don't retrieve my community cat at the agreed upon time and we are unable to contact the caretaker, EveryPet will do what they deem best for the cat.

I attest that the community cat I am bringing to EveryPet is not an owned pet and authorize EveryPet veterinarians to perform anesthesia and sterilization. I understand risks include complications, pregnancy termination if applicable, or humane euthanasia if necessary.

I release EveryPet, its staff, and volunteers from all claims or liability related to this procedure and agree to hold them harmless for any damages, losses, or unforeseeable events.

**YOUR ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE AND AN EAR TIP
TO SHOW THAT HE/SHE HAS BEEN STERILIZED.**

I understand that EveryPet provides training to veterinary students and that clinical and surgical procedures may be performed by a qualified student, under the supervision of an EveryPet surgeon. _____ (initial) 

Caretaker/Agent's signature _____

Date _____

Print owner's name _____

Community Cat Name: _____