



## ***Hobbs Animal Adoption Center***

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**Mailing Address:**

700 N. Grimes  
Hobbs, New Mexico 88240  
575-397-9323

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700 N. Grimes  
Hobbs, New Mexico 88240  
575-397-9323

### Spay/Neuter Surgery Consent and Waiver of Liability

Surgery Date \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

Animal ID# \_\_\_\_\_

#### OWNER INFORMATION

I understand that payment in full for all services is due before surgery can be scheduled. If I fail to keep this appointment, I will forfeit entire payment. If I fail to pick up the animal on the day following surgery, I will incur an additional charge of \$10.00/day for boarding the animal.

Owners Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home # \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### ANIMAL INFORMATION

**PETS NAME:** \_\_\_\_\_ **TYPE:** Cat Dog **SEX:** M F

**COLOR:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**WEIGHT:** \_\_\_\_\_ **BREED:** \_\_\_\_\_

I, the undersigned owner, or owners agent, of the animal identified above, certify that I am over eighteen years of age, and hereby authorize spay/neuter surgery of the animal by The City of Hobbs Animal Adoption Center (HAAC) and its agents. I fully understand the risk associated with the spay/neuter procedure including, but not limited to: unknown physical abnormalities; medication allergies; surgical complications; internal bleeding; shock; and post-surgical infections. I agree to hold the City of Hobbs, Veterinarians, and employees harmless and free of any liability whatsoever in connection with these procedure risks. I understand that that the basic low-cost spay/neuter procedure is primarily intended for those with very limited financial resources and that the fee covers basic vaccinations before surgery, general anesthesia, surgical prepping, surgical procedure itself, pain control during the procedure, and suture removal in 10 days.

\_\_\_\_\_  
Signature of Owner or Agent Atleast 18years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Admitting Staff

\_\_\_\_\_  
PHONE NUMBER FOR EMERGENCIES