



Campbell County Animal Services
1989 Poplar Ridge Road
Melbourne, KY 41059

I, _____ grant permission to the Campbell County Animal Services to have my animal described below surgically altered (spayed/neutered).

I understand there are natural risks involved with the surgery itself, and the use of anesthetics and other drugs. Injury and death can result from the surgery, any related procedures, and from complications following surgery. I acknowledge that no guarantees or assurances have been made to me regarding the results of this surgery.

I WILL NOT HOLD THE CAMPBELL COUNTY ANIMAL SERVICES LIABLE FOR ANY COMPLICATIONS THAT MAY OCCUR DUE TO SURGERY REGARDLESS OF THE CAUSE OF SUCH COMPLICATION AND REGARDLESS OF THE DAMAGE CAUSED BECAUSE OF THE SURGERY INCLUDING BUT NOT LIMITED TO THE DEATH OF THE ANIMAL. FURTHERMORE, I WILL NOT HOLD THE CAMPBELL COUNTY ANIMAL SERVICES LIABLE FOR ANY COMPLICATIONS REGARDING THE POST-OPERATIVE TREATMENT.

Animal Description (dog/cat, male/female, approximate age, color or breed, etc.):

Owner Name:

Witness Name:

Owner Signature:

Witness Signature:

Date:

Date:

Staff Only:

Staff Authorization: _____ Animal ID Card No. _____