

Spay/Neuter Transport Release

This release form is to be used when any privately owned animal is to be transported by any employee, contractor or volunteer of the Elizabethton/Carter County Animal Shelter (ECCAS) for the purpose of being spayed/neutered.

Owner _____

Address _____

Phone _____

Description of animal _____

_____ I am 18 years of age or older and I am the legal owner of or have legal possession of the animal(s) listed above.

I hereby freely and voluntarily provide my consent for ECCAS employees, staff, contractors or volunteers to take possession of my animal(s) and transport the same to any facility of their choosing, wheresoever located, for the purpose of having my animal(s) spayed/neutered.

I acknowledge and understand that accidents may occur while transporting my animal(s) and it is possible that my animal(s) may escape or be injured and also that permanent loss or death of my animal(s) may occur. I freely and voluntarily accept this risk and will not hold the ECCAS, Carter County, the City of Elizabethton or any agent thereof responsible for the loss, injury or death of my animal(s) during their lawful possession thereof, especially while transporting my animals to and from the spay/neuter facility.

I acknowledge and understand the ECCAS brings in animals every day with unknown medical conditions and communicable diseases including, but not limited to, parvovirus, distemper, upper respiratory infections and bordatella (kennel cough), and that the my animal(s) may be transported using the same vehicle(s) or equipment. I will not hold the ECCAS, Carter County, or the City of Elizabethton or any agent thereof responsible for illness or death of my animal(s) resulting from any sickness acquired while being transported or stored in any building, vehicle or equipment owned by ECCAS.

I acknowledge and understand that while my animal(s) is/are awaiting a medical procedure at the facility chosen by ECCAS representatives it is possible that my animal(s) may escape or be injured and also that permanent loss or death of my animal(s) may occur. Further, there are inherent risks associated with any medical procedure, including spay/neuter procedures, and I freely and voluntarily accept this risk and will not hold the ECCAS, Carter County, the City of Elizabethton or any agent thereof responsible for the loss, injury or death of my animal(s) during their lawful possession thereof, especially while at the spay/neuter facility or resulting from any medical procedure performed at said facility.

I hereby forever release, acquit, discharge, indemnify and hold harmless Carter County, the City of Elizabethton, the ECCAS, the ECCAS Board and any and all of their respective agents, employees, advisors, or representatives from and against any and all claims, damages, expenses, causes of action or demands of any nature of cause whatsoever, at law or in equity, including costs and attorney fees, asserted by me or any other person or entity, arising out of or relating to my voluntary decision to permit my animal(s) to be transported by ECCAS employees, staff, contractors or volunteers for the purpose of being spayed/neutered.

I have carefully read this waiver of liability agreement and fully understand and agree to the contents thereof.

Signature _____

Date _____