

COMMUNITY CAT DESEX & MICROCHIP Panleukopenia Waiver

Version 1.1

CAT ID: C D _ _ _ _

Cat Name: _____

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Cat Name: _____

Add more manually below

- 1.1. I am aware that feline panleukopenia (feline parvovirus) is present in the community in Adelaide. I understand that this is a highly contagious and potentially fatal disease in unvaccinated or otherwise immunocompromised cats.
- 1.2. It has been explained to me that vaccination is the best protection against feline parvovirus and RSPCA South Australia has strongly recommended that my cat(s) be vaccinated prior to desexing today. It has also been explained to me that it takes two weeks for vaccination to provide protection.
- 1.3. If my kitten(s) is less than 6 months of age I hereby declare that he/she has had a COMPLETE course of vaccinations at least two weeks prior to desexing. Upon request, I can provide proof of this.
- 1.4. Given the large number of cats presented for surgery today, I understand and accept that RSPCA South Australia will take every precaution to limit the transmission of infectious disease but the risk, still does exist. I understand that if my cat(s) is not vaccinated the risk is greater and I accept that risk today.
- 1.5. **I understand that my cat(s) could be exposed to feline parvovirus during desexing today. I understand that exposure to feline parvovirus could result in illness or death of my cat(s). Although reasonable precautions will be taken to minimise this risk I understand that it does exist and I consent to my animal undergoing general anaesthesia and surgery.**
- 1.6. I understand and accept **that RSPCA South Australia cannot provide any veterinary services, compensation or financial support due to illness or death related to feline parvovirus exposure.**
- 1.7. I understand and accept **that RSPCA South Australia will not be responsible for any external veterinary fees.** Should I have to obtain veterinary care through another veterinary service, I agree to personally incur the full costs of those services.
- 1.8. I agree to hold harmless, release and indemnify without exception RSPCA South Australia, their officers, their veterinarians, their volunteers and their employees from any claim, loss, injury (including death), liability or damages to myself or my cat(s) arising out of or in any way connected to the services consented to herein.
- 1.9. I have read and understood all of the above information and I hereby consent to my cat(s) participating in the RSPCA South Australia Community Cat Desexing Program.

Name (printed): _____

Signature: _____

Date: _____