



IDAHO ANIMAL RESCUE NETWORK

WSU Spay Application

Complete both pages. Email the forms and bring the original signed form to your exam.

YOUR DOG

Dog's name

Age / date of birth

Breed / coloring

Microchip number (if any)

BEHAVIOR & HEALTH

Aggression toward other animals?

Aggression toward humans?

Any behavioral concerns?

Any medical issues or concerns?

Any chance she may be pregnant?

Veterinarian of record

Vaccinations received

Records available?

Additional notes

OWNER INFORMATION

Owner name

Phone number

Physical address

Email address

Okay to text this number?

Email completed forms: admin@IdahoRescue.org

Bring the original signed form to your health certificate appointment.



IDAHO ANIMAL RESCUE NETWORK

Spay Agreement

Release of liability and owner authorization. Read each section and initial where indicated.

This agreement is made between Idaho Animal Rescue Network (IARN) and the undersigned Dog Owner for the purpose of spaying the below-described dog:

Dog's name

Breed / mix

Age / date of birth

Microchip (if applicable)

1. Spay Procedure

Initials _____

Owner agrees to allow IARN to arrange and facilitate a spay surgery for the above -described dog through a licensed veterinary provider. The procedure may include additional preventative care as needed (e.g., vaccines, deworming, microchipping) if deemed appropriate by IARN.

2. Authorization for Medical Decisions

Initials _____

While the dog is in IARN's temporary custody for the purpose of spay surgery, the owner grants IARN permission to make reasonable medical decisions in the dog's best interest, including emergency treatment, if necessary. This includes the right to approve or decline additional services as advised by the attending veterinarian during surgery.

3. Release of Liability

Initials _____

The undersigned owner understands that, although rare, there are inherent risks with anesthesia and surgical procedures. By signing this agreement, the owner releases and holds harmless Idaho Animal Rescue Network, its volunteers, staff, and partnering veterinary professionals from any liability, claims, or damages resulting from or related to the spay surgery, medical care, transport, or complications that may arise.

4. Transport Authorization (if applicable)

Initials _____

If IARN is assisting with transportation, the owner consents to have the dog transported by an IARN representative to and from the veterinary clinic. The owner affirms the dog is not aggressive and is safe to handle. IARN is not responsible for any injury the dog may cause during loading, unloading, or transport.

5. Recovery and Aftercare

Initials _____

Following the procedure, the dog will either be returned directly to the owner or held in temporary foster for recovery as agreed upon in advance. Owner is responsible for monitoring the dog's recovery and seeking follow -up veterinary care if complications arise post-return.

6. Ownership Affirmation

Initials _____

By signing below, the owner confirms they are the legal owner of the dog and have the authority to consent to this procedure.

Signature of dog owner

Date

Printed name

Phone number

Email address