



Spay-Neuter Coalition of New Mexico  
PO Box 2352 Los Lunas, NM 87031  
505-922-5490  
spayneuternm.org

**\*Please print, sign and mail to the address above or scan and email to spayneuternm@gmail.com\***

**Liability Waiver**

I hereby agree that I will hold harmless Spay-Neuter Coalition of New Mexico, Inc., its directors, grantors, volunteers, partners, veterinarians or representatives from and against any and all claims, suits, losses, injuries, liability and damages (including attorneys' fees and court costs), including but not limited to, any claims for bodily injury, illness, complications or death to the pet authorized during or resulting from the Spay/Neuter procedure, vaccinations and any other services/products provided by the veterinary clinic.

I hereby certify that I am the legal owner of the pet and will be responsible for the pre and post-surgical care of the pet.

I further agree that any post-surgical issues, medications, complications or treatments are solely my responsibility and not the responsibility of Spay-Neuter Coalition of New Mexico, Inc. Only dogs over four months are eligible for sterilization. Senior pets will not be accepted. Pets older than 4 years of age will be at the discretion of the veterinarian.

I also understand and accept that I am financially responsible for the Spay-Neuter Coalition of New Mexico Co-Pay amount of \$30.00 and \$80.00 dependant on income level. Any charges beyond the Co-Pay for such things as medications, pregnancy, enlarged uterus, dental cleaning or other dental work, microchip and any other charges identified by the veterinarian beyond the Co-Pay amount for the spay or neuter and vaccinations is the responsibility of the owner. The Co-Pay covers sterilization and vaccinations including rabies and \*Da2pp for dogs.

Is or has your pet been sick or injured? If so, please explain.

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Would you like the Da2pp vaccine administered? If not, why?

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\_\_\_\_\_  
Signature of Legal Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Legal Owner

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Pet's Name

\_\_\_\_\_  
Pet's Age

Date of Last Rabies Vaccine:

Date of Last Da2pp Vaccine:

\* Da2pp stands for Distemper, Adenovirus type 2, Parainfluenza and Parvovirus Combo Vaccine. Da2pp is a vaccine that protects against the common and often fatal viruses.

All vaccines have potential side effects ranging from minor digestive upset to anaphylaxis, neurological symptoms and death. Please contact your veterinarian for more information on potential side effects of



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vaccines.