



Anesthesia, Surgical & Hospitalization/Medical Release Form

Name _____ Date _____

Pets Name _____ Chart# _____

Breed _____ Sex _____ Age _____ Color _____

When your pet last ate _____

Procedure _____

I, the undersigned, certify that I am the owner, or authorized agent for the owner, of the animal described above. I authorize the doctor on duty and technicians to perform the procedures listed above and on the estimate, including administration of pain relief medications, sedatives and/or anesthetics, as well as any necessary appropriate medical, radiological, surgical, nursing, diagnostic and/or emergency care for the animal. I have been advised as to the nature of the procedure and the potential risks. I also understand that no guarantee of successful treatment can be made.

I have read and understand the reasons for and the risks of the above and attached authorized procedure(s), and assume full financial responsibility for all the charge and services incurred to the described animal.

Print Name: _____ Date: _____

Signature of Owner/Agent: _____

Phone numbers where we can reach you: (List time available if possible)

Work: _____

Home: _____

Mobile: _____

Other: _____

STAFF INITIALS: _____