

SURGERY RELEASE FORM

Owner: _____

Street Address: _____

Phone Number: Home-_____

Cell-_____

Patients Name: _____

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give <serv-doctor>, his agents, servants, and/or representatives full and complete authority to perform the surgical procedure described as:

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and to perform any other procedure that, at his discretion, may be useful to promote the health of the above described pet, and I do hereby and by the presents forever release the said doctor, his agents, servants, or representatives from any and all liability arising from said surgery on said animal.

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Signed
