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**SURGICAL RELEASE FORM**

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

After examining my pet, the veterinarian discussed several treatment options with me. Options included doing nothing, proceeding with minimal treatment and very conservative management, or pursuing aggressive treatment. The potential risks and/or benefits associated with these options have been explained to me and no guarantees were given.

I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals and have discussed my concerns with the veterinarian. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. In the event this becomes necessary for my pet, reasonable efforts will be made to contact me and discuss the situation. In the event I cannot be reached, I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgment. I accept responsibility for any result in additional charges.

I verify I am the owner (or Authorized agent for the owner) of the above-named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian.

I have read and understand the information in the form above \_\_\_\_\_  
Signature

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_