

Spay / Castration Release Form

Name:

Address:

City:

State:

Zip:

Patient Name:

Breed:

Age:

Sex:

Color:

I hereby authorize Dr. Morton, Dr. Shirey or Dr. Dumeyer and whomever he/she may designate as his/her assistant, to preform upon (pet) the following procedure: Spay/Castration. Should an emergency arise calling for procedures in addition to or different from those now contemplated, I further request and authorize him/her to do whatever he/she deems advisable. I consent to the administration and use of anesthesia. I agree to pay in full for all services rendered including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances.

The Nature and purpose of the procedures, possible alternative methods or treatments, risks involved, and possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained. In addition, pain medications will be provided to be administered at home.

(Full Name)

(Emergency Number)