

Surgery Release Form

Information

Owner:

Case No.:

Address:

City:

State:

Zip:

Phone:

Patient Name:

Breed:

Age:

Sex:

Color:

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 Dr. Morton, Dr. Shirey, or Dr. Dumeyer, his/her agents, servants, and/or representatives full and complete authority to perform the surgical procedure described as:

And to perform any other procedure that at his/her 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 doctors, their agents, servants, or representatives from any and all liability arising from said surgery on said animal.

Singed: _____

(First and Last Name)

Emergency Number: _____