



**Morton Small Animal Clinic**  
1404 E Tyler St  
Athens, Texas 75751  
903-675-5708 - info@mortonssmallanimalclinic.com

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Owner: [first-name] [last-name]

Client ID: 1

Street:

City:

Phone:

Patient: No Patient

Breed:

Sex:

Neutered: N

Age: 48.6 DOB: 1970-09-14

Color:

Weight:

Temperament:

### Surgery Release Form for No Patient Allocated

Procedure(s) to be performed:

Date and time of last meal:

List of current medications:

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 the Veterinarian on staff at Morton Small Animal Clinic and/or his/her 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/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 Veterinarian, his/her agents, servants, or representatives from any and all liability arising from said surgery on said animal.

I, also acknowledge that I am responsible for payment in full for the above procedures and treatments at the time my pet is discharged.

**Signature:** \_\_\_\_\_

18-Apr 2019

phone number: , ,