



SURGERY/ANESTHESIA RELEASE DOCUMENT

Owner's Name: _____ Phone #: _____
Pet's Name: _____ Date: _____

I, the undersigned, do hereby certify that I am owner (or duly authorized agent for the owner) of the animal described above, that I give All Saints Animal Hospital, agents, and/or representatives full and complete authority to perform the surgical procedure described as: _____ and to perform any other procedure that, at Dr. McKisson's discretion, may be useful to promote the health of the above described pet, and I do hereby forever release the doctor, his agents, or representatives from any and all liability arising from said surgery as long as reasonable care and precautions are maintained. I hereby authorize the performance of professionally accepted general anesthetic procedures necessary for its treatment.

I understand that support personnel will be used as deemed as necessary by the veterinarian. I have been advised as to the nature of the procedures and the risks involved in performing general anesthesia to the above described animal. I realize that results can not be guaranteed.

Please indicate the telephone number/s where we can reach you at any time before, during and after surgery should we need to contact you, and/or give us permission to do what is medically in the best interest of your pet while under anesthesia (this may affect the overall cost of today's visit):

1) Initial to give permission without a phone call: _____
-- OR --

2) Initial to ask for phone calls -- **HOWEVER, after 2 call attempts, if we cannot reach you when your pet is under anesthesia, we will do what is best for your pet, even if that results in additional cost:** _____

*An E-Collar is available for a small price in order to keep your pet from reopening the surgical site. Would you like to add it to the cost of surgery? Yes No

*Would you like the doctor to microchip your pet during the procedure? Yes No

I have read and understand this authorization and consent. I further understand that I assume financial responsibility for all services rendered.

Signature of Owner/Agent

Date: _____