

Surgery Anesthesia Release Form

Chateau Animal Hospital

Owner's Name: _____ Phone Number: _____

Patient's Name: _____ Date: _____

Email address: _____

I, the undersigned, do hereby certify that I am owner (duly authorized agent for the owner) of the animal described above, that I give Chateau 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 his/her discretion, may be useful to promote the health of the above described pet. 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 the pet's treatment.

I understand that support personnel will be used as deemed necessary by the veterinarian. Furthermore, 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.

Is there any specific medical history we need to know about the pet? _____

Please indicate if you have been given a written estimate for the procedure(s) to be performed today: YES NO

If "no" was checked, please request an estimate from the receptionist at check-in. We require a signed estimate prior to proceeding with a scheduled surgical procedure.

Telephone number where we can reach you at any time before, during, and after surgery should we need to contact you: _____

If you can not pick up your pet, we must have authorization to release your pet to another person! I authorize _____ to pick up my pet for me.

I have read and understand this authorization and consent. I further understand that I assume financial responsibility for all services rendered. Payment in full or a partial payment may be required prior to the surgery.

Signature of Owner or Agent

Date: _____

Print Legal Name