

**Westwood Animal Hospital
216 Ausley Road
Tallahassee, FL32304
850-576-4168**

Surgery Release Form

Client ID :

Client Name :

Spouse :

Address :

City / State / Zip:

Telephone :

Patient ID :

Name :

Species :

Breed :

Sex / Altered :

Color :

Weight :

Birth Date :

Doctor:

I authorize the above listed veterinary clinic to perform such diagnostics, therapeutic, and surgical procedures as are in their opinion necessary and advisable for treatment and maintenance of my pet's health and well being, including but not limited to the administration of anesthesia and the performance of services involving pathology and radiology. I expect all procedures to be done to the best of the abilities of the professional staff. I realize that no guaranties nor warranties can ethically or professionally be made regarding the results or cure. I also authorize the hospital director and staff to provide veterinary services as requested or in emergency circumstances to follow through with such procedures as are necessary for the well being of my pet.

You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that all anesthesia involves some minimal risk to my pet, but you will not be held liable or responsible in any manner or under any circumstances in connection therewith as it is thoroughly understood that I assume all risks.

I realize that my pet will be discharged only during regular office hours and when the doctor or his/her qualified staff are present, and the fee due for its care will be paid in full at that time. I realize that in many cases it is impossible to determine in advance the event of medical or surgical treatment required, but in such cases you will attempt to estimate the cost of the treatment. It is understood that the actual cost may exceed or be lower than the estimate.

Telephone number where the owner can be reached _____

Surgery to be performed _____

I am the owner or agent for the above described animal and have the authority to execute this consent and authorization of the above named surgery(s).

I understand that during the performance of the procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s), or even different procedure(s), than those set forth previously. I hereby consent and authorize the performance of such procedure(s) as necessary and desirable in the exercise of the veterinarian's professional judgement. I have been advised of the nature of the procedure(s), as well as the risks involved, and also realize that results cannot be guaranteed.

I additionally authorize the use of appropriate anesthesia, pathologist examination of excised tissue as deemed appropriate by the veterinarian, and the administration of other medications, and understand that hospital staff will be utilized as deemed necessary by the veterinarian. I have read and understand this authorization and consent.

date

signature of owner or agent

Signature