

ANESTHESIA / SURGERY RELEASE FORM -CANINE

**Animal Care Center
6981 N. Hwy 160
Pahrump, NV 89060
775 751 2224**

Date:

Owner:

Case No:

Street:

City:

Phone:

Patient:

Breed:

Sex:

Age:

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. Jack Thomas Jr., Animal Care Center, his agents, servants, and/or representatives full and complete authority to perform the surgical procedure described as:

I am aware of the risks involved with anesthesia / surgery, including possible death, and understand the information presented in this surgery form and give Dr. Jack Thomas Jr., Animal Care Center, his agents, servants, and/or representatives permission to proceed with the surgery and to perform any and all life-saving procedures should the need arise. I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate and extension or variance in the procedure(s). I expect Dr. Jack Thomas Jr., Animal Care Center, his agents, servants, and/or representatives to perform any other procedure that, at his discretion, may be useful to promote the health of the above described pet.

I understand that I am financially responsible for all costs incurred during this surgery, treatment and hospitalization.

I do hereby and by the presents forever release the said Doctor, his agents, servants, or representatives from any and all liability arising from said surgery on said animal.

PLEASE INITIAL ITEMS BELOW:

I would like a surgery pain injection for my dog:

6 hour pain injection (included) _____

24 hour pain injection (\$33.50) _____

I would like a microchip (\$50.00) _____

Declined _____

Already microchipped _____

I understand if I don't provide an e-collar time of surgery, one will be provided at no charge. _____

Signed _____ Phone _____