

SURGERY RELEASE FORM

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. Kim Eaton, her agents, and associates, and/or representatives full and complete authority to perform the surgical procedure described as:

and to perform any other procedure that, at her discretion, may be useful to promote the health of the above described pet, **including a flea treatment**(if needed) for protection of all pets in the hospital, and I do hereby and by the presents forever release the said doctor, her agents, servants, or representatives from any and all liability arising from said surgery on said animal.

Signed _____

Date: _____