

Surgery Release Form

The Vet's Animal Hospital

8395 Elati St.

Denver, CO 80221

Owner: _____

Address: _____

City: _____

Phone # _____

Patient: _____

Breed: _____

Age: _____

I, the undersigned, do hereby certify that I am the owner of the animal described above, and that I do give The Vet's Animal Hospital and its employees or representatives full and complete authority to perform the surgical procedure described as:

And to perform any other procedure that may be useful to promote the health of the above described pet. I do hereby forever release The Vet's Animal Hospital and its employees or representatives from any and all liability arising from said surgery on animal.

If your pet is here for a dental cleaning and the Doctor determines that extractions are needed, would you like to be called before extractions are done? There is an additional charge for extractions.

Yes _____ No _____

Dental x-rays are recommended during cleanings to check for hidden dental disease. There is an additional \$85.00 charge. Would you like us to do dental x-rays?

Yes _____ No _____

Please leave a number where you can be readily reached: _____

Signed: _____