



Forney Animal Hospital

SURGERY RELEASE FORM

The following surgical procedure requested for _____

Pet's Name

Please initial the selected surgical procedure(s):

___ Spay

___ Neuter

___ Feline declaw ___ FRONT FEET ___ HIND FEET

___ Other Procedures: _____

Please read and initial the last 5 items:

___ I hereby give authorization to Forney Animal Hospital to administer such treatment, diagnostic procedures and surgery, as they deem necessary for my pet(s). I understand that only procedures previously agreed on will be done unless an emergency situation results and I cannot be reached in time.

___ I understand that there is always a risk when anesthesia is used in any procedure and that although all recommended testing done might not reveal any problems, there is still a risk of unforeseen complications. I understand that the doctors and staff of Forney Animal Hospital take all recommended precautions and are not to be held liable if any complications occur during or immediately after these procedures.

___ I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF ALL SERVICES AT THE TIME THEY ARE RENDERED.

PET'S RELEASE APPT-DATE: _____ TIME: _____

Signature of responsible party

Date

Phone # where you can be reached today/tomorrow

****IMPORTANT** - Forney Animal Hospital is CLOSED every Tuesday from 12pm-2pm for a staff meeting. Please make appropriate pickup arrangements for your pet if this day applies!**