

SURGERY RELEASE FORM

Toano Animal Clinic

L. Meredith Averitt, DVM

Owner:

Address:

City, State:

DAY PHONE: _____

Patient:

Weight:

Breed:

Sex::

Age:

Color & Markings: _____

Is <animal> on heartworm preventative? Yes No

Did he/she eat anything this morning? Yes No

Has he/she had any illness or special problems in the past 10 days? _____

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 TOANO ANIMAL CLINIC, their agents, servants, and/or representatives full and complete authority to perform the surgical procedure described as:

I understand there is always a potential risk for anesthesia and surgery. Toano Animal Clinic is to use all reasonable precautions against injury, escape or death of said animal. I understand that no guarantee or assurance has been made as to the results obtained.

Staffing Hours: Mon. - Fri. 7:30 am - 6:00 pm Sat. 8:00 am- 12:00 noon

I understand there is NO in-house, on duty continuous medical staff care from closing time to the next opening time as posted. (Example: noon Saturday to 8 am Monday.)

Signature of Owner _____ / date _____

