



Anesthesia Release Form

Date _____

Client's Name _____

Patient's Name _____

Procedure _____

I am the owner or caretaker of this pet. I assume all responsibility of care after surgery and authorize the doctors at The Vet to perform this anesthetic procedure. I understand all surgeries and anesthesia involve a degree of risk and realize results cannot be guaranteed. **While performing this procedure should the doctor find any other procedure(s) to be more involved resulting in additional cost, I will be contacted at the phone number below. If I cannot be contacted, I authorize the doctor to perform the necessary procedure.**

I understand that full payment is required when patient is discharged.

Signature of Owner/Caretaker _____

Contact Number #1 _____

Contact Number #2 _____