

Surgical Release Form

Owner:	Patient:_		Date:	
Referring Hospital:	Atter	nding Veterinarian:_		
Surgery to be performe for the above patient of	d: n this location <u>CIRCLE ONE</u>	Right	I consent to this surgical procedure Left	
		Both	Not applicable	
veterinarian. I understa ncluding anesthetic ris recovering my patient c	nd that there are risks and haza k. The attending veterinarian ar	ards involved with t nd referring hospita	urgical blood testing with the referring he recommended surgical procedure I will be responsible for monitoring an anty or warranty can ethically or	2,
Surgical Risks May Inclu	de:			
 Hemorrhage o Swelling or ed 	ch may require additional testin r bruising ema postoperatively implant breakage or failure, rec			
and serious problems a nealing is confirmed by or swim until released b	re very uncommon in most cas medical progress examinations	es. Your pet will nee s. Please do no retu veterinarian. Using	minimize these potential complication of to be under exercise restrictions under to full activity, bathe, allow to run, the ecollar to prevent self-grooming oid incisional infections.	ntil , play
media sites and in publ story. We may mention	ications (print or online). With	your permission, we ne owner's name. D	, Instagram, YouTube or other social e may share your pet's picture, video r Wardlaw and staff would be gratefu nicians and veterinarians.	
Please initial to allow us	s to mention your pet			
Date	Pet Owner/Agent Signature		Phone I Can Be Reached at Toda	У

Witness signature for phone consent from owner

Witness Printed Name

Date