

SURGERY RELEASE FORM

210-822-5211
Dr. Kenneth Kirlin

Owner: _____

Patient: _____

Breed: _____

Sex: _____

Age: _____

Color: _____

Today's date _____ Phone number you can be reached today _____

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 Dr. Kirlin and his medical staff full and complete authority to perform the following surgical procedure:

I would also like my pet to receive a microchip while under anesthesia (\$65.00) _____

I also authorize Dr. Kirlin to perform any other procedure that, at his discretion, may be useful to promote the health of my pet, including pre-anesthetic bloodwork. I understand that there is always a risk during an anesthetic procedure and thus release Dr. Kirlin and his employees from any liability arising from this surgical procedure.

I understand that my pet will require an overnight hospital stay which is included in the cost of this procedure.

Signed _____

Print Name _____