



## Surgery Release Form

Owner: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_

Pet Name: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Age: \_\_\_\_\_  
Color: \_\_\_\_\_

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above, that I do hereby give Dr. Sunil Gupta, his agents, and/or representatives full and complete authority to perform the surgical procedure described as:

\_\_\_\_\_  
\_\_\_\_\_

And to perform any other procedure that, at his discretion, may be useful to promote the health of the above described pet, and I do hereby and by the presents forever release the said doctor, his agents, or representatives from any and all liability arising from said surgery on said animal. I assume full financial responsibility for this animal. I understand there are always potential risks when using anesthesia or performing surgery on an animal.

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_