

SURGERY RELEASE FORM

Pineview Veterinary Hospital
7263 Green Swamp Rd. S
Bolton, NC 28423
(910) 655-2442

Owner: _____
Street: _____
City: _____
Phone: _____

Patient: _____
Breed: _____
Sex: _____
Age: _____
Color: _____

Markings: _____

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 the PVH veterinarian, her agents, servants, and/or representatives full and complete authority to perform the surgical procedure described as:

and to perform any other procedure that, at her 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, her agents, servants, or representatives from any and all liability arising from said surgery on said animal.

Signed _____

Print: _____