

Surgery Release Form

Crystal Mountain Animal Hospital
Dr. Charles S Vandermause, D.V.M.
512-263-2900

Owner: _____

Case No: _____

Street: _____

City: _____

Phone: _____

Patient: _____

Breed: _____

Sex: _____

Age: _____

Color: _____

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 Crystal Mountain Animal Hospital Dr. Charles S Vandermause, DVM. His agents, servants, and/or representatives full and complete authority to perform the surgical procedure described as:

and 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, servants, or representatives from any and all liability arising from said surgery on said animal.

Signed _____

Contact Phone Number _____