

SURGERY/ANESTHESIA RELEASE FORM

I certify that I am the owner of the above animal and I do hereby consent and authorize Woods End Equine Veterinary Services and it's staff to administer vaccines, medication, surgical procedures, anesthetics, or treatments that the veterinarian(s) deem necessary for the health and safety of the above animal while it is under care and supervision.

The nature of the procedure has been explained to me and no guarantee has been made as to the result or cure. I understand that there are certain risks to anesthesia that could involve serious bodily injury or death and that these risks present in any procedure that requires a general intravenous anesthetic. I consent to the use of anesthesia as deemed necessary and advisable in the professional judgment of the veterinarian.

You are to use all reasonable precautions against injury, escape or death of my pets, but you will not be held liable or responsible in any manner in connections therewith as it is thoroughly understood that I assume all risks.

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. Any estimates or charges for the planned procedures are only approximations, and the final bill may be greater or less than these amounts.
All Services Must Be Paid For When Animal Is Released.

I understand and agree to the above terms and acknowledge that work may be done or fluids may be administered, depending upon my animal's age and risk factors.

Owner's Signature: _____ Date: _____