



Personal Veterinary Care

ANESTHESIA / SURGERY CONSENT AND RELEASE

Date _____ Client / Patient ID _____

Owner _____ Pet Name / ID _____

Species _____ Breed / Variety _____

Sex [M] [F] Altered [Y] [N] Age _____ Weight _____ Colors _____

Markings _____

Traceable ID / Microchip [Y] [N] _____

Tattoo [Y] [N] If Yes, location and description of tattoo _____

Procedure: _____

I certify that I am the legal owner (duly authorized agent for the owner) of the animal described above, and hereby authorize and direct Dr. Foster and Personal Veterinary Care to perform the above described procedure(s) and additional diagnostic and/or treatment as deemed necessary to promote the health of the above described pet. The nature of the procedure(s) has/have been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risks involved. 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 procedure(s) are only approximations, and the final bill may be greater or less than these amounts. **The balance due must be paid in full upon release of pet. Some procedures require a deposit before surgery.**

I have read and understand this authorization. I hereby forever release Dr. Foster, Personal Veterinary Care and any authorized agents, staff, or representatives from any and all liability for complications arising from the procedure(s).

Owner/Agent Signature _____ Date _____

Please list all phone numbers where you may be reached today: