CASTRO VALLEY COMPANION ANIMAL HOSPITAL

2509 Lessley Ave.
Castro Valley, CA 94546
510-582-6311
www.cvcah.com

SURGICAL RELEASE FORM

Owner's Name___________________________________ Pet's Name___________________________________

Address____ Species_____________ Breed__________________

City________________________ State______ Zip_______ Age _________ Sex ________Color______________

Phone___________________ E-Mail____

Procedure to be performed today: ____

When was the last time your pet had anything to eat or drink? ____

Pet Health Insurance Carrier ____

PHONE NUMBER WHERE YOU CAN BE REACHED TODAY:

Cell ______________________________ Work ___________________________ Other _______________________

IN CASE WE ARE UNABLE TO REACH YOU, PLEASE GIVE EMERGENCY CONTACT:

Name____ Phone____

I, the undersigned, certify that I am the owner or duly authorized agent for the owner of the pet described above and accept full financial responsibility. PROFESSIONAL FEES ARE DUE AT THE TIME OF PATIENT RELEASE.

I authorize Castro Valley Companion Animal Hospital (CVCAH), its agents and representatives to perform surgical procedures and pre-operative screening described above and to perform any other procedure that, at the doctor's discretion, may be useful to promote the health of my pet. I have been advised as to the nature of the surgery and/or procedures and the risks involved. I acknowledge that results cannot be guaranteed.

I am aware all reasonable care will be taken by CVCAH for the safe treatment and return of my pet. I release Castro Valley Companion Animal Hospital, Rene` C. Gandolfi, DVM, CVCAH agents and representatives from any and all liability.

All pets hospitalized must be current on all vaccinations. If documentation cannot be provided or verified, I understand my pet will be vaccinated at the owner's expense. Any pet brought into the hospital with internal or external parasites, will be treated at the owner's expense.

I have read and understand this authorization and consent.

Signature of Owner/Agent ____Date ___________________

Witness ____ Date_________________