

SURGERY RELEASE FORM

Hill Country Animal Hospital
7023 Bee Caves Road
Austin, Texas 78746
(512) 329-5177

Jim Holcomb, DVM

Phone # AM: _____

Phone # PM: _____

Owner: _____

Patient: _____

Breed: _____

Sex: _____

Age: _____

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 Hill Country Animal Hospital and/or Dr. Jim Holcomb, DVM, his agents, servants, and/or representatives full and complete authority to perform the surgical procedure described as:

and to 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 _____ Date _____

If your pet is having any type of tumor or growth removed today, please write the exact location(s).\

The Doctor recommends having tumors and growths sent to the lab to determine if they are cancerous or benign. Please indicate if you would like to have this test performed. The cost is \$130.58 per growth.

YES NO

The Doctor recommends a pre-anesthetic screen before any anesthesia is given. Please indicate if you would like to have this procedure done. The cost is \$49.90 (*Strongly suggested for all pets, especially when 2 yrs or older*)

YES NO Pre-Anesthetic Screen

Would you like to have a HomeAgain microchip implanted while your pet is sedated? The cost is \$67.90

YES NO