

Surgery Release Form

Oak Forest Veterinary Hospital, 2120 West 34th Street, Houston, Texas 77018

Phone: (713) 682-6351

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Hallie Ray Moore, DVM Beverly Crocker, DVM Ashlee Nelson, DVM Breanna Green, DVM

Owner: _____

Patient: _____

Street: _____

Breed: _____

City: _____

Sex: _____

Zip: _____

Age: _____

Phone: _____

Color: _____

Markings: _____

I, _____, do hereby certify that, at I am the owner (or duly authorized agent for the owner) of the animal described above, and I do hereby give Hallie Ray Moore, DVM, her agents, servants and/or representatives **full and complete authority to perform the surgical procedure described as:**

_____ and to perform any other procedure that, at her 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, her agents, or representatives from any and all liability arising from said surgery on said animal. I assume full responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

- **Pre-operative blood** work is mandatory for all pets undergoing anesthesia. This test assists us in evaluating your pet's health to be certain your pet may process the anesthesia without complications. If not done before today, the cost for preoperative bloodwork is \$100.26

- I would like any mass removed to have a **histopathology** performed on it for \$152.87 (1 site). Each additional site for histopathology is \$37.38 each.

YES or NO

- I would like any remaining **baby teeth** to be extracted, if possible, during surgery.

YES or NO

- I would like my pet **microchipped** during surgery for \$60.00

YES or NO

By signing below, I hereby grant Oak Forest Veterinary Hospital permission to take photographs of myself and/or my pet, and to publish those photographs for any lawful purpose, including, but not limited to, their website, social media accounts, and promotional materials, either digital or in print, in perpetuity. I also grant permission to use my name and/or my pet's name.

By signing this document I authorize Oak Forest Veterinary Hospital to edit, alter, share, remix, tweak, build upon or in any way alter the photograph(s) mentioned above. I also waive any rights of privacy or compensation associated with the use of my or my pet's image(s) and name(s) for the personal or commercial purposes outlined above.

Signed _____ Date _____

Printed Name _____ Contact Number _____

Contact Email _____