

**Brooklyn Veterinary Clinic  
Surgical Release Form**

Client Name

Patient's name

Phone number(s) where you can be reached today. \_\_\_\_\_

I give permission to remove any deciduous (baby) teeth still present by surgical extraction **Yes No**

Please permanently microchip **Yes No**

Has your pet ever had any problems with anesthesia in the past? **Yes No**

If yes, please describe \_\_\_\_\_

Please do not feed your pet within 12 hours of surgery **Acknowledge**

Would you like a heartworm blood test (Blood test not necessary if under 6 months) **Yes No**

Heartworm preventative? **Yes No**

What medications/supplements ( if any ) your pet is currently taking (Please circle medications needing refill)?

\_\_\_\_\_

Please list any other medical procedures or medical concerns today.

\_\_\_\_\_

We recommend an elizabethan collar (cone) or a medical t-shirt for the next 7-10 days.

Do you need us to provide one for an additional fee? *Yes No*

Circle one: Medi-shirt E-collar BOTH

**Surgical RELEASE/ ANESTHESIA RELEASE**

I, hereby authorize Brooklyn Veterinary Clinic, Inc to complete surgery my pet. I understand that all anesthesia involves some risk to my pet, but Brooklyn Veterinary Clinic will not be held liable or responsible under any circumstances in connection therewith as it is thoroughly understood that I assume all risks. I authorize the use of appropriate anesthetics and other medications, and have been informed about the nature of the procedure(s) and risks involved. I further understand that during the course of the procedure(s), unforeseen conditions may arise that may necessitate the performance of additional procedures. I authorize Brooklyn Veterinary Clinic to use all reasonable means against injury, escape, or death of my pet.

I have read and understand this statement and I agree.

Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_