



Lone Star Veterinary Surgical Services

Surgical Solutions for Your Loved Pets

SURGICAL RELEASE

Date of Procedure: _____

Owner/ Patient Name: _____ “ _____ ”

Referring Hospital: _____ Veterinarian: _____

Procedure: _____

I have discussed the aforementioned surgery and the importance of pre-surgical blood testing with the referring veterinarian.

I understand that there are risks and hazards involved with the recommended surgical procedure, including anesthetic risk.

I realize that no guaranty or warranty can ethically or professionally be made regarding the results or cure. I will not hold Dr. _____, Lone Star Veterinary Mobile Surgical Specialists, PC, and/or its officers, directors, shareholders, employees, agents and/or contractors liable except for their respective gross negligence.

I am also aware that Dr. _____ is not board-certified surgeon and that there are board-certified surgeons available in the area.

Signature of Owner