



## General Surgical Release Form

Owner: \_\_\_\_\_ Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Hospital: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

Surgery to be performed: \_\_\_\_\_

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 realized that no guaranty or warranty can ethically or professionally be made regarding the results or cure.

I authorize the surgeons and/or associates (Drs. Harper, Franklin, Lew and McFadden) of Texas Specialty Veterinary Services, PLLC to perform surgery on my pet. I am also aware that Dr. Harper is board certified in large animal surgery only but have retrained in small animal surgery as well, therefore, offers their services to small animal clients and their animals. I have also been made aware that Dr. Franklin is small animal surgery residency trained, but has not become board certified at this time. At this time Dr. Franklin's title is Practice Limited to Surgery. I understand that there are other board-certified surgeons in small animal available in the area. Drs. Lew and McFadden are board certified small animal surgeons.

(TSVS) occasionally features patients on its Facebook page, YouTube channel, other social media sites, and in publications (print or online). With your permission, we may share your pet's picture, video or story. We may mention your pet by name, but never the owner's name. TSVS would be grateful that you'll be helping other pets by educating pet owners, veterinary technicians and veterinarians.

Please initial to allow TSVS to mention your pet \_\_\_\_\_

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**Date**

**Pet Owner/Agent Signature**

**Phone I Can Be Reached At Today**

Telephone (800) 707-0167/(210) 706-0167

Email: [tsvsinfo@tsvs.net](mailto:tsvsinfo@tsvs.net)