

Office Use Only

D-Class



## NON-VACCINATED SURGICAL RELEASE

**Date:**

**Owner:**

**Patient:**

**Weight:**

I, the undersigned, owner of the animal named above, hereby consent and authorize Murdoch Veterinary Clinic and its staff to hospitalize my pet and administer tests, anesthetics or treatments that the doctors deem necessary for the health, safety or well-being of the animal, I/we understand that my/our pet may be at an increased risk as he/she has not been vaccinated against any/all infectious disease, I/we release, waive and forever discharge Murdoch Veterinary Clinic, its associates, employees and representatives from any responsibility and/or liability of any sickness or death which may become of my/our pet and assume all health risks in preparation for, during and in the recovery phase of the elected surgery

\_\_\_\_\_,  
and while the animal is under their care and supervision. In the event of a spay procedure, I understand that all of the reproductive organs are removed which would result in an immediate termination of pregnancy. I also understand that undergoing general anesthesia involves risks to the metabolic functions of my pet.

Pre-anesthetic blood work helps to minimize these risks; I elect to have the following blood work performed on my pet:

Minimum preanesthetic panel

Diagnostic blood panel

No blood work

If my pet should injure itself in an attempt to escape, refuse food, soil itself, become ill or die while in the hospital, I will hold Murdoch Veterinary Clinic and staff free of any responsibility and/or liability in the absence of gross negligence.

I further realize that I am responsible for payment for the above procedures and treatments in full at the time the animal is discharged. If I neglect to pick up the animal within 3 days of written notice that it is ready for release and mailed to the stated address, you may assume that the pet is abandoned. You are then authorized to dispose of it as you see fit. Abandonment does not release me of my obligation for the bill.

I further agree that in the case of nonpayment, a finance charge of 5.0% per month will be charged and that any collection fees or attorney fees be paid by me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Daytime Number(s) (where we can reach you while your pet is here)

Can we text or email you to inform you of how your pet's procedure went? \_\_\_\_\_

Other procedures requested:

Tattoo

Microchip

Vaccination Booster

Rabies

Umbilical hernia repair

Other \_\_\_\_\_