



# ON THE SPOT

veterinary surgeons

## 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 surgeon(s) and/or associates of On the Spot Veterinary Surgeons LLC to perform surgery on my pet. I am also aware that Dr. Reynolds is not board certified. I understand that there are other board-certified surgeons in small animal available in the area

On the Spot 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. On the Spot would be grateful that you'll be helping other pets by educating pet owners, veterinary technicians and veterinarians.

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

---

Date

Pet Owner/Agent Signature

Phone I Can Be Reached At Today