



Gandolf Veterinary Surgery

Gandolf Veterinary Services, LLC

General Surgery Release Form

Please complete and bring the day of surgery, or you can email to:

info@gandolfveterinarysurgery.com

General Surgical Release Form Owner: _____ Patient: _____

Date: _____ Referring Hospital: _____ Veterinarian: _____

Surgery/Procedures 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 guarantee or warranty can ethically or professionally be made regarding the results or cure.

I authorize the surgeon(s) and/or associates of Gandolf Veterinary Surgical Services LLC to perform surgery and/ or procedure on my pet. I am also aware that Dr. Gandolf is not board certified. I understand that there are other board-certified surgeons in small animals available in the area.

Dr. Gandolf occasionally features patients on her Facebook page, 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. Dr. Gandolf 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 _____

No, I prefer photos are not shared anywhere _____

Date

Pet Owner/Agent Signature

Phone I Can Be Reached on Today