

## SURGERY RELEASE FORM

Virginia Beach SPCA Medical Clinic  
3040 Holland Road  
Virginia Beach, VA 23453  
757-427-0070

Owner:  
Case No:  
Street:  
City:  
Phone:

Patient:  
Breed:  
Sex:  
Age:  
Color:

Markings: \_\_\_\_\_

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Sara A. Correa, DVM, his agents, servants, and/or representatives full and complete authority to perform the surgical procedure described as:

\_\_\_\_\_  
\_\_\_\_\_

and to perform any other procedure that, at his discretion, may be useful to promote the health of the above described pet, and I do hereby and by the presents forever release the said Doctor, his agents, servants, or representatives from any and all liability arising from said surgery on said animal.

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_