



SOUTH TYLER ANIMAL CLINIC
5508 OLD JACKSONVILLE HWY
TYLER, TX 75703
903-561-1717
Fax 903-561-5181

**General Acknowledgement and Release Form
 For Treatment, Sedation, General Anesthesia or Surgery**

Date: _____ Today's Phone #: _____

Client: _____ Patient: _____

Main Reason For Admittance: _____

Please read carefully and sign

I understand the risks involved with anesthesia and surgery. Any number of reasons including ill health or adverse reactions could result in complications or loss of life. In the event that this should occur, I will not hold the doctors, or staff of South Tyler Animal Clinic responsible in any way. I agree to pay in full for all services rendered including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. The nature and purpose of the procedures, possible alternative methods of treatment, risks involved, and possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

Owner's Signature: _____

Microchipping
For pets with no Microchip

HomeAgain Microchipping: We recommend that you have your pet **Microchipped** while under anesthesia. This is a simple procedure that provides many benefits such as **24/7 Lost Pet Specialists, Lost Pet Recovery Network, National Pet Recovery Database, Travel Assistance for Lost Pets, and 24/7 Emergency Medical Hotline.**
 This is a great way of protecting your pet in case they are lost.

Microchip Placement.....\$42.21 Annual HomeAgain Membership Fee.....\$19.99

_____ **I Accept Microchipping for my pet**

_____ **I Decline Microchipping for my pet**