

**SURGERY RELEASE FORM**

Casa Querencia Animal Health Center, LLC  
(575) 625-9772  
Dr. Leandro Gutierrez, DVM

Owner:  
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 Dr. Gutierrez, 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 \_\_\_\_\_