



**South Tyler Animal Clinic**  
**5508 Old Jacksonville Hwy.**  
**Tyler, TX 75703**  
**(903) 561-1717**  
**(903) 561-5181 Fax**

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

Date: \_\_\_\_\_ Main Reason For Admittance: \_\_\_\_\_

Client: \_\_\_\_\_ Patient: \_\_\_\_\_

**Please read carefully and initial**

\_\_\_\_\_ 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.

**Microchipping**

**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.....\$63.00    Annual HomeAgain Membership Fee.....\$19.99**

I Accept Microchipping  I Decline Microchipping  My pet is already microchipped

**Hospitalized Patient Consent and Release**

**South Tyler Animal Clinic**, as is allowed by Texas law, is not equipped with an on-site fire suppression sprinkler system and does not employ on-site personnel during the hours of **5:30pm-7:30am**. All animals hospitalized at this facility will be left unattended during those times.

Agree to Hospitalization Overnight  Do Not Agree to Hospitalization Overnight

By signing this form I acknowledge that I have read and initialed my preference regarding the Facility's notice on its lack of fire suppression and overnight staffing. In the event that my pet is hospitalized overnight, I agree to release the Facility, its owners, employees and agents from any and all liabilities, claims or expenses arising from my pet's hospitalization stay, including but not limited to injuries, illnesses or death. I agree that I am solely responsible for any consequences that might arise during their stay.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_