



SPAY/NEUTER

2002 West Superior Street
Duluth, MN 55806
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E: info@northlandspayneuter.org

Animal ID #
(Office Use Only)

AGAINST DOCTOR'S RECOMMENDATION CONSENT/RELEASE FORM

Date of Surgery

Owner's First Name

Owner's Last Name

Animal's Name

Transport (If Applicable)

Examining Veterinarian

Carefully read and ensure you understand all the information of this agreement before signing your name.

I, acting as owner or agent of the Animal named above, hereby acknowledge and understand that because of the serious or fragile medical condition of the Animal, the attending veterinarian(s) at Twin Ports Spay/Neuter, PLLC. ("TPSN") are recommending that the Animal be hospitalized following surgery for further diagnostic procedures, nursing care, surgery, and/or treatment. In spite of the nature of the Animal's condition, **I am requesting that the Animal be released to me. I fully recognize and understand that this release is against the attending veterinarian(s) recommendations.**

I understand that the Animal may need further medical attention and that it is my responsibility to seek such care at a veterinary facility of my choice. In the event any medical problems, including but not limited to death, occur because of my decision to remove the Animal from this facility, I accept full financial and medical responsibility for my decision and hereby release Twin Ports Spay/Neuter, PLLC., all veterinarians, technicians, assistants, and employees (collectively, the "Released Parties") in any matter whatsoever for, or in connection with, the release of the Animal against the attending veterinarian(s) recommendations, and I hereby hold the Released Parties harmless from and against any and all liability and damages that may arise from that decision.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS IN THE RELEASE OF PATIENT AGAINST DOCTOR'S RECOMMENDATION CONSENT/RELEASE FORM AND ANY ATTACHED AGREEMENTS

Owner/ Agent Name Printed

Owner/Agent Signature

Date

Witness for Twin Ports Spay/Neuter

Date

FOR OFFICE USE ONLY

Sx Date: ____ / ____ / ____ Initials: _____

Owner/Transport Group (If Applicable): _____