



**Steinbeck Country Equine Clinic, Inc.**

**Surgical Liability Release Agreement**

\_\_\_\_\_, hereinafter "owner" is the owner/agent of Self, hereinafter "patient." Owner acknowledges that Steinbeck Country Equine Clinic, Inc. Veterinarians, their animal health care technicians and employees have agreed to perform the below-described procedure on patient upon the terms and conditions of this agreement which includes a promise by owner not to sue based upon owner dissatisfaction with the outcome of the procedure (s) described herein.

1. Patient is scheduled to undergo the following procedure (s) \_\_\_\_\_ on or about 9/29/11.

2. The procedure (s) will be performed under general anesthesia. There are inherent risks related to general anesthesia which include, but are not limited to anaphylactic shock, cardiac arrhythmia, allergic reactions and similar conditions which could result in the death of patient. Anesthesia induction and maintenance of general anesthesia is accomplished by the use of an endotracheal tube. There are inherent risks related to endotracheal intubation.

3. Recovery from general anesthesia has potentially life-threatening risks. Such risks include, but are not limited to fractured limbs, myositis, and radial nerve paralysis.

4. Owner agrees and consents to the use of all anesthetic drugs as deemed necessary by the surgical team. Owner understands that the performance of these contemplated procedures or operations may reveal unforeseen conditions or cause complications that necessitate extension of the contemplated procedure (s). Owner consents to all procedures as are necessary and desirable for patient's well being as determined in the veterinarian's judgement.

5. Owner acknowledges reading and understanding the above risks and conditions of surgery and expressly understands that Steinbeck Country Equine Clinic, Inc. Veterinarians, their technicians and employees have agreed to provide their professional services based upon owners agreement as follows:

- a. Owner does hereby release, waive and discharge Steinbeck Country Equine, Inc. Veterinarians, their technicians, employees and associates from liability from any and all claims arising directly or indirectly from any veterinary service performed on patient.

\_\_\_\_\_  
Owner/Agent

- b. Owner agrees to hold harmless, defend, and indemnify Steinbeck Country Equine, Inc. Veterinarians, their technicians and employees from any and all claims made by owner.

\_\_\_\_\_  
Owner/Agent

6. Financial Responsibility. All charges are due at the time of discharge and prior to release of the horse unless other arrangements have been made. A deposit of half of the estimate is due at the time of admittance.

Estimate \_\_\_\_\_ Required Deposit \_\_\_\_\_

Mastercard, Visa, American Express, Discover and Care Credit are accepted. Please fill out the attached form for payment with credit card.

HORSE \_\_\_\_\_

NAME: \_\_\_\_\_  
AGE : \_\_\_\_\_ SEX: \_\_\_\_\_ COLOR: \_\_\_\_\_

BREED: \_\_\_\_\_

OWNER/AGENT: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

PHONE NUMBER: \_\_\_\_\_

ACKNOWLEDGMENT OF UNDERSTANDING

I have read this agreement, "Surgical Liability Release Agreement" and fully understand its terms. I understand I am giving up substantial rights including my right to sue Steinbeck County Equine Clinic, Inc. Veterinarians, for damages arising out of provision of their professional services. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by the laws of the State of California.

Date: \_\_\_\_

\_\_\_\_\_

Owner/Agent