

**Robbinsville Veterinary Clinic  
Dr Edward R Swiderski VMD  
1116 Route 130, Robbinsville NJ 08691  
(609)890-1177/Robbinsvet@hotmail.com**

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**Medical & Surgical Release**

Consent Form

I hereby consent and authorize the Robbinsville Veterinary Clinic and Dr Edward Swiderski, to receive, prescribe for, treat, hospitalize, or operate upon my pet(s). You are to use all reasonable precautions against injury, escape, or destruction of my pet(s), but you will not be held liable or responsible in any manner whatever, or under any circumstances, on account of the care, treatment, or safekeeping of the pet(s) above described, or otherwise in connection therewith, as it is thoroughly understood that I assume all risks. I will assume the responsibility of my pet(s) when taken without the consent of the attending veterinarian.

Procedure: \_\_\_\_\_

I also understand that the Robbinsville Veterinary Clinic is not staffed twenty-four (24) hours a day, and after-hour treatment of patients is at the discretion of the veterinarian.

I have read the foregoing and agree.

Pet's Name: \_\_\_\_\_

Signature of Owner/Agent : \_\_\_\_\_

Date : \_\_\_\_\_

Phone : \_\_\_\_\_