

Authorization/Release Form for Professional Services

Owner _____ Pet's Name _____

Chart # _____

Phone numbers: Daytime _____ Cell(s) _____

Evening _____

Arrival Date _____

I hereby authorize performance of the following procedure(s):

Departure Date _____

Drop-Off Time _____

Initial:

_____ Bath _____

Please read the following carefully

The nature of such service has been described to me to my satisfaction and I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure.

I understand that I assume financial responsibility for all services rendered, and that payment is due on the date my animal is released from the hospital.

Date _____

Owner/Agent of Owner _____

Signature _____

ANESTHESIA RELEASE

I UNDERSTAND THAT THE DOCTORS AND STAFF WILL USE ALL REASONABLE PRECAUTIONS AGAINST INJURY, ESCAPE, OR DEATH OF MY PET. I UNDERSTAND THAT ALL ANESTHESIAS INVOLVES SOME MINIMAL RISK TO MY PET AND I WILL NOT HOLD DOCTOR AND STAFF RESPONSIBLE UNDER ANY CIRCUMSTANCES. I UNDERSTAND THAT I ASSUME ALL RISKS.

DATE

SIGNATURE OF OWNER