

RELEASE FORM

Date _____

I hereby consent and authorize you, Doctor _____
to receive, prescribe for, treat, or operate upon

You are to use all reasonable precautions against injury, escape, or destruction of the animal(s), but you will not be held liable or responsible in any manner whatever, or any circumstances, on account of the care, treatment, or safe keeping of the animal(s) above described, or otherwise in connection therewith, as it is thoroughly understood that I assume all risks.

Written notice will be mailed to your current address to remove the animal(s). Five days after such written notice the animal(s) will be considered abandoned and may be disposed of, or destroyed, as you deem best, and it is understood that your so doing does not relieve me from paying all costs of your service and the use of your hospital, including the cost of keeping.

I have read the foregoing and agree.

OWNER

DAYTIME PHONE NUMBER