

AUTHORIZATION/RELEASE FORM FOR PROFESSIONAL SERVICES

Owner _____ Pet's Name _____ Chart # _____

Phone numbers: daytime _____ cell(s) _____
evening _____

I hereby authorize performance of the following procedure:

The nature of such service has been described to me to my satisfaction and I realize that no guarantee nor 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 _____