

**BEST FRIENDS' VETERINARY HOSPITAL  
VICTORIA MARY HOLLIFIELD, DVM**

**RELEASE FORM**

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

Name \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Breed \_\_\_\_\_

Description: color and markings \_\_\_\_\_

You (Veterinarian) are to use all reasonable precautions against injury, escape, or destruction of the animal(s), but you (Veterinarian) will not be held liable or responsible in any manor whatsoever, for any circumstances, on account of the care, treatment, or safe-keeping of the animal(s) described, or otherwise in connection therewith, as it is thoroughly understood that I (the owner/agent) assume all risk.

After five (5) days from written notice to the undersigned (owner/agent) at the address below is mailed to remove animal(s), it will be considered abandoned and may be disposed of, or destroyed, as you (Veterinarian) deem best.

It is further understood that you so doing does not relieve me (undersigned owner/agent) in any way from paying all costs of your (Veterinarian) services and the use of your (veterinary) hospital, including, but not limited to, the cost of keeping.

After carefully reading the above, I fully understand the terms and conditions stated herein.

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_