

Technician Check-in Initials: \_\_\_\_\_

SINGING HILLS ANIMAL HOSPITAL, Inc.  
1951 WILLOW GLEN DR.  
EL CAJON, CA 92019  
(619) 441-5850

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

Owner's name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

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

Breed: \_\_\_\_\_

\_\_\_\_\_

Sex: \_\_\_\_\_

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

Color: \_\_\_\_\_

**---Tranquilization/Sedation Release form---**

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above. I do hereby grant permission to Dr. Evelyn Tom, Dr. David Appel, and Singing Hills Animal Hospital, their agents, servants and/or representatives for full and complete authority to administer tranquilization/sedation on my pet in order to perform procedures.

\_\_\_\_\_  
(SIGNATURE)

Should the doctor(s) find medical problems that otherwise would not have been discovered except under sedation, I authorize the doctor(s) to provide treatment(s) to my pet while they are under sedation or tranquilization. I understand that I am financially responsible for any treatment performed while my pet is under the care of Dr. Evelyn Tom, Dr. David Appel, and Singing Hills Animal Hospital, their agents, servants and/or representatives.

\_\_\_\_\_  
(SIGNATURE)

I authorize procedures, at their discretion, that are advised and useful to promote/protect the health of the above described pet. I do hereby forever release Dr. Evelyn Tom, Dr. David Appel, relief veterinarians, Singing Hills Animal Hospital, Inc., their agents, servants and/or representatives from any and all liability arising from said surgery, procedure, or unforeseen event on said animal.

\_\_\_\_\_  
(SIGNATURE)

The best number to reach me at when my pet is ready for pick up is:

Home/ \_\_\_\_\_ Cell: \_\_\_\_\_ Email \_\_\_\_\_

**I have read, and understood the above statements.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**