

Technician Check-in Initials: _____

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

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, 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, 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, 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