



Jay H. Price, D.V.M. Elizabeth B. Robinson, D.V.M.
2127 Old Montgomery Hwy, Pelham, AL 35124
Ph: 205-988-3559 Fax 205-988-9160

Anesthesia / Sedation Release

Date		Client: (For office use)	
Owner			
Address			
City		State	Zip
Phone			
Home	Work		Cell
Contact numbers:			

Pet's Name	Breed:	Color:	Age:	Sex :
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above, and I hereby give John H. Price III, D.V.M., his agents, servants, and/or representatives full and complete authority to perform the following procedure(s)

Procedure(s) _____

and to perform any other procedure that, at his discretion, that may be useful to promote the health of the above described pet, and I do hereby and by the presents forever release the said John H. Price III, D.V.M., his agents, servants, or representatives from any and all liability arising from said procedure on said animal.

The nature of the procedure(s) has been described to me to my satisfaction, and I realize that no guarantee has been made as to the results. I also understand that I assume financial responsibility for all services rendered and that payment is due on the date of the surgery.

Signature: _____ Date: _____

I prefer the following Doctor to perform the procedure:

Please circle one: **Dr. Price** **Dr. Robinson**

Pain Management Medication: Yes No
(If Applicable)