ALLBRICK LLC

Value on a Professional Level

ANESTHESIA RELEASE FORM FOR GROOMING

I hereby consent and authorize the doctors of Allbrick Veterinary Clinic L.L.C. and VSRS to anesthetize my pet _____ for grooming.

Please answer the following questions:

Any coughing, sneezing, vomiting, or diarrhea in the past week?	Yes_____	No____
When was the last time your pet was fed?	_____	
Has your pet been ill or injured in the past thirty (30) days?	Yes_____	No____
Is your pet allergic to any medications?	Yes_____	No____

If yes, please list: _____

___ I understand that the doctors of Allbrick Veterinary Clinic L.L.C. and VSRS will use all reasonable care to ensure that my pet will not be injured, destroyed, or escape while in the custody of Allbrick Veterinary Clinic L.L.C. and VSRS. I further acknowledge that Allbrick Veterinary Clinic L.L.C. and VSRS will not be liable or responsible in any manner whatsoever for the outcome of this surgery.

___ I knowingly and voluntarily release the doctors, employees and volunteers of Allbrick Veterinary Clinic L.L.C. and VSRS for any injuries, including death or escape, regarding my pet while it is in the custody of Allbrick Veterinary Clinic L.L.C. and VSRS.

___ I realize that there is no guarantee as to the outcome of this surgery and accept the possibility of the following risks, which are not limited to: infections, bleeding, death, and any other surgical and post surgical complications that may arise. I will not hold the doctors of Allbrick Veterinary Clinic L.L.C. and VSRS liable in any way for the outcome of this surgery.

___ By signing this document, I acknowledge that I have read its contents and understand them. I further acknowledge that I am at least 18 years of age and that I freely and voluntarily signed this release form.

Please Print Legibly

Name: _____

Signature: _____

Phone number where we can reach you today: _____

Date: _____