



Liability Release

AUTHORIZATION AND CONSENT TO PERFORM PROFESSIONAL SERVICES

I _____, the owner or authorized agent of the horse identified as ANIMAL NAME _____, BREED _____, AGE _____, COLOR _____ SEX _____, certify that I am over 18 years of age and hereby authorize Dr. Prince and whomever she may designate as her assistants to perform professional services (such as, but not limited to, examinations and procedures, diagnostics, general anesthetic surgery and imaging) upon the animal named above. The risks and nature of all procedures have been explained to me, and no warranty or guarantee has been made as to the result or cure. These risks include the risk of bleeding, infection, pain, drug reactions, anesthesia risks, and death. I am satisfied with my understanding of the possible consequences, outcomes or risks to the animal if no treatment is rendered. I understand that some risks always exist with any procedure and that I am encouraged to discuss any concerns I have in regards to those risks with the veterinarian before the procedure begins. Should un-expected life-saving emergency treatment be required and the attending veterinarian is unable to reach me, the attending veterinarian and her staff has my authorization to provide such treatment, and I agree to pay for such care. I also understand that conditions may arise which are unforeseen at this time and that it may be necessary and advisable to perform procedures different from, or in addition to, those procedures explained to me. I authorize and consent to the performance of such additional or different procedures as are considered necessary and advisable by said veterinarian.

I consent to the administration of such medications as may be necessary or advisable by the above-named veterinarian and whomever she may designate as her assistants in order to complete the procedures. I further consent to the performance of pathology and radiology services as needed, and authorize the disposal of any severed tissue or member in accordance with customary practice and procedures.

I understand that the above-named veterinarian will use reasonable precautions against escape or destruction of said animal. However, it is understood by me that said veterinarian, Canyon Veterinary Medical Center, Inc. or their employees shall not be, and are not, responsible beyond reasonable precautions for said animal. I have been informed that there may be times when no personnel are on the premises but are under 24-hour surveillance video camera monitoring; and, I agree to release Canyon Veterinary Medical Center, Inc. from any and all liability, damages or any and all claims should my horse fall ill or become injured during the hours of non-supervision.

I consent to photographing, filming, or videotaping of the procedure(s) to be performed, including appropriate portions of the body, for medical, scientific or educational purposes, provided that the identity of the animal is not revealed by the pictures, or by descriptive texts accompanying them.

It is also understood by me, and I agree, that I shall be responsible for all costs in connection with any care and/or medical treatment of any sort of prescription(s) given to said animal and that payment shall be made by me, upon request and prior to return of said animal to my care. An estimate of fees can be provided upon request and I am encouraged to discuss any concerns I have in regards to those fees. I understand that if the balance is not paid, my account may be referred to a collection agency and I agree to assume any and all costs associated with this action.

I understand and agree that the above-named veterinarian may disclose all or part of the patient's medical records as may be necessary to determine liability for payment and to obtain reimbursement, including to insurance companies, and as may otherwise be required or permitted by law. Information regarding this animal may also be released to the following persons (name/relationship)

_____.

I certify that I have carefully read the above authorization and understand that payment in full of the above- named veterinarian charges and bills is required (unless prior authorization is received from said veterinarian) before said animal will be released. I understand and agree that any remaining balance at the time of patient check out will be charged to the card number provided.

Signed _____ Date _____

Name (print): _____