

**RELEASE FORM**

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

I hereby consent and authorize you, Doctor Steffes, to receive, prescribe for, treat or operate upon. You are to use all reasonable precautions against injury, escape, or destruction of the animal(s), but you will not be held liable or responsible in any manner whatever, or any circumstances, on account of the care, treatment, or safe keeping of the animal(s) above described, or otherwise in connection there with, as it is thoroughly understood that I assume all risks. I understand that a wellness exam is for pets with no medical concerns, if a concern is raised or the doctor finds a concern during the exam any diagnostic testing and treatment is separate and charged for at the time of diagnosis. Any promotions offering a Yearly Wellness exam and vaccination package will only be valid for Wellness Exams with no health concerns detected. Written notice will be mailed to the address below to remove the animal(s). Five days after such written notice the animal(s) will be considered abandoned and may be disposed of, or destroyed, as you deem best, and it is understood that your so doing does not relieve me from paying all costs of your service and the use of your hospital, including the cost of keeping. I have read the foregoing and agree. I give permission for my animal(s) photo to be used in advertising purposes.

\*Exam fee does not include diagnostic testing or treatment. Medical concerns found and discussed during the exam may incur additional costs and an estimate is available if requested.

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**OWNER**