

DROP OFF RELEASE FORM

Celebration Veterinary Hospital
49 Blake Blvd.
Celebration, FL 34747
407-566-8292

Owner: _____
Street: _____
City: _____
Phone: _____

Patient: _____
Breed: _____
Sex: _____
Age: _____
Color: _____

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the pet described above, that I do hereby give Efreem Hunter, DVM, his agents, servants, and/or representatives full and complete authority to perform the procedure described as:

and to perform any other procedure that, at his discretion, may be useful to promote the health of the above described pet, and I do hereby and by the presents forever release he said Doctor, his agents, servants, or representatives from any and all liability arising on said pet.

Signed
