

# Good Shepherd Veterinary Hospital

101 Fox Trot Dr. Mars, PA 16046

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## **RESTRAINT BY OWNER**

I, \_\_\_\_\_ understand that in the interest of safety for myself, my animal, and the veterinary staff at Good Shepherd Veterinary Hospital, I am being asked **NOT** to restrain my own animal during today's examination and/or diagnostic and therapeutic procedures. However, since I do not wish to give up custody of my animal while these procedures are being conducted, I release from liability all veterinarians and staff members at Good Shepherd Veterinary Hospital who are working with my animal while these procedures are being conducted. Instead, I agree to assume the risks and responsibilities for the occurrence of any injury or other mishap caused by my pet to itself, myself, and/or the veterinary staff people at Good Shepherd Veterinary Hospital as a result of this decision.

\_\_\_\_\_  
Signature of Owner/Authorized Agent

\_\_\_\_\_  
Date