

**Jill A. Goldman, Ph.D., CAAB
Animal Behavior Services**



**P.O. Box 2032
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**Toluca Lake
949-683-4886**

**California 91610
HELP@DrJillGoldman.com**

Client Name _____

Address _____

E-Mail _____ Tel. No. _____

Veterinarian _____ Tel. No. _____

Referred by _____

Animal Name _____ Breed _____ Age _____ Age Obtained _____

Sex Male (Neutered) Male (Intact) Female (Spayed) Female (Intact)

Presenting Concern(s) _____

I, being responsible for the above-described animal, have the authority to grant Dr. Goldman and associates my consent to assess, make recommendations for, and, in some cases, treat the animal. I acknowledge that no assurance or guarantee has been made of the results of treatment and that all risks and probabilities complications exist. All charges shall be made on the day of the initial appointment.

Dr. Goldman and associates will use all reasonable precautions against injury or illness but will not be held liable or responsible in any manner whatever on account of the animal or otherwise in connection therewith as it is understood that I assume all risks. I understand that the behavior of animals is unpredictable and that some animals are capable of inflicting serious personal injury or death, as well as significant property damage. I acknowledge that while Dr. Goldman (and associates) will take every reasonable precaution to minimize the potential of danger posed by the animal, it is never possible to guarantee the temperament and/or behavior of any animal at all times and under all circumstances.

In consideration for the animal's evaluation, I hereby agree that I assume all responsibility for the death, personal injury or property damage that may be sustained as a result of or in connection with the evaluation. I agree to forever release, discharge, indemnify and hold harmless Dr. Goldman and associates from any and all claims, damages and liability to me or to any person claiming under, through or on behalf of me, arising out of or connected in any way with the animal's participation in the evaluation.

I warrant that I have the right to enter this agreement. I represent that I am over 18 years of age. I HAVE READ THIS AGREEMENT CAREFULLY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A WAIVER, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT, AND AN ENFORCEABLE CONTRACT BETWEEN DR. GOLDMAN AND I, AND I SIGN OF MY OWN FREE WILL. This release shall be binding upon me and my heirs, legal representatives, and assigns.

DATE: _____ (Signature of owner/agent)