



DeZavala-Shavano
Veterinary Clinic
4458 Lockhill Selma Rd
San Antonio, TX 78249

Adult Volunteer/Observer Release Form
for Ages 18 and Older
(Please use ink pen.)

Name of volunteer/observer: _____

I understand I am being given the opportunity for volunteer work/observation in the field of veterinary medicine. As part of this opportunity, I understand there is no monetary compensation that will be given to me and that there are inherent risks in working with animals.

I agree to hold harmless Dr. Harrison, his associates and employees from any accident or injury I may encounter while participating as a volunteer/observer at the clinic.

Signature

Date