



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

**Minor Volunteer/Observer Release Form  
for Under Age 18--Parent Consent Required**

(Please use ink pen.)

As the parent of \_\_\_\_\_, I understand my son or daughter is being given the opportunity for volunteer work/observation in the field of veterinary medicine. As part of this opportunity, I understand he/she will not receive monetary compensation and that there are inherent risks he/she may encounter in working with animals.

I give permission for my son or daughter to participate as a volunteer/observer at the clinic and agree to hold harmless Dr. Harrison, his associates and employees from any accident or injury he/she may encounter while participating as a volunteer at the clinic.

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*Signature*

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*Date*