

# Liability Release

Date: \_\_\_\_\_

This RELEASE OF LIABILITY related to chiropractic care or other alternative therapies provided by Dr. Christopher Burnham for the parties described herein. I/We \_\_\_\_\_

(Owner name(s) the undersigned being of lawful age, by affixing our signature(s) hereto do hereby agree to indemnify and hold harmless \_\_\_\_\_

\_\_\_\_\_ (veterinarian name/practice), its officers, employees, and agents from and against any and all liability claims, actions, causes of action, demands, rights, damages, cost, injury, expenses, and compensation in any form for all negligence or injury whether active or passive arising out of or in any way connected or related to ANIMAL CHIROPRACTIC CARE provided by Christopher Burnham, D.C.

## FIRST PARTY (Veterinarian)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## SECOND PARTY (Patient/Owner)

Owner Name: \_\_\_\_\_

Pet/Patient Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

By affixing my signature below I do hereby certify that I am the legal and effective owner of the animal described above and have the authority to indemnify and hold harmless \_\_\_\_\_

\_\_\_\_\_ (Veterinarian or Practice) for any consequence or result of chiropractic care performed by Christopher Burnham, D.C.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_