HOSPITAL

Hospital Patient Pet Care

ASSISTANCE WITH ADOPTION AND RELINQUISHMENT

I have considered my options, and now choose to give the pet(s) identified below up for possible adoption.

I have made this decision after careful consideration and feel it is in the best interests of my pet(s) as well as myself.

I have asked HOSPITAL to assist me in this, process. For myself and my representatives and successors, I waive and agree not to assert, any present or future rights, claims, suits or otherwise against HOSPITAL, and all officers, directors, agents, employees and/or volunteers (collectively, "HOSPITAL") with respect to the disposition of this animal/these animals, including surrender to an animal welfare organization on the terms described in any accompanying relinquishment receipt or other document.

This document does not limit the terms of any other release, waiver or agreement between me and HOSPITAL.

Pet Name(s)	
Type(s)	
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	Date:
Patient or Authorized Representative	
	Date:
Patient Pet Care	Dutc.
XX.	D .
Witness:	Date: