

HOSPITAL

Hospital Patient Pet Care

RELEASE

HOSPITAL Patient Pet Care program has assisted you in making arrangements for your animal companion(s) with an independent third-party organization. HOSPITAL Patient Pet Care program and you consider that the quality of life of your animal companion is of high importance, but the decisions in this respect are now yours to make.

The terms of those arrangements have been decided by you and the third-party organization, as set forth in the attached document signed by you -- whether for transfer of custody or ownership, or whether your animal companion(s) may be placed for adoption, kept in care or euthanized. Whatever you have agreed with that organization, and whatever decisions and discretion you have entrusted to them, is entirely your agreement with them and your determination.

Please confirm by signing below that you release HOSPITAL Patient Pet Care program, HOSPITAL and their employees, volunteers, agents, directors and officers, and any veterinarians or veterinary consultants, from any responsibility or liability in connection with introducing you to one or more such third-party organizations or making arrangements with any such organization or for any provision of the attached or any related document.

Date: _____

Signature of patient or authorized
representative

Print name of patient or authorized
representative