

HOSPITAL

Hospital Patient Pet Care

ASSISTANCE WITH VETERINARY CARE – ADDITIONAL CONFIRMATION

I have asked HOSPITAL to assist me in the process of retaining veterinary services and/or boarding for my animal companion(s). [or the animal companion(s) belonging to _____, for whom I hold power of attorney or are guardian]. I consider that the quality of life of the animal companion is of high importance. I and/or the HOSPITAL Patient Pet Care program have been informed that certain services and procedures are recommended by the veterinarian.

These are:

My instructions are:

I understand that the terms and the agreement are between me and _____, and whatever decisions and discretion I have entrusted to them are entirely my agreement with them and my determination, and that I am responsible to pay or reimburse all fees and other charges for such veterinary services and/or boarding. [*note: IF PATIENT REIMBURSEMENT IS NOT POSSIBLE, TO BE DISCUSSED*]

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") and any veterinarians or veterinary consultants with respect to such veterinary services and/or boarding.

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

Pet Name(s) _____

Type(s) _____

Patient or Authorized Representative

Date: _____

Patient Pet Care

Date: _____

Witness: _____

Date: _____