HOSPITAL

Hospital Patient Pet Care

Release

making arrangements for your animal belonging to, for guardian] with an independent third-par	as part of HOSPITAL has assisted you in companion(s) [or the animal companion(s) whom you hold power of attorney or are ty organization. HOSPITAL Patient Pet Care ity of life of the animal companion is of high pect are now yours to make.
- whether for transfer of custody or ow may be placed for adoption, kept in care	forth in the attached document signed by you - vnership, or whether the animal companion(s) or euthanized. The terms and the agreement and whatever decisions and discretion you have ment with them and your determination.
program, HOSPITAL and their employ veterinarians or veterinary consultant connection with introducing you to, or	t you release HOSPITAL Patient Pet Care yees, agents, directors and officers, and any ts, from any responsibility or liability in connecting you with, one or more such thirdments with any such organization, or for any locument.
Date:	Signature of patient or authorized representative
	Print name of patient or authorized Representative