HOSPITAL

Hospital Patient Pet Care

ASSISTANCE WITH VETERINARY CARE AND/OR BOARDING

Assistance with Veterinary Care and/or Boarding

I have asked HOSPITAL to assist me in the process of having my animal companion(s) provided with veterinary services and/or boarded.

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 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)	
	Date:
Patient or Authorized Representative	
	Data
Patient Pet Care	Date:
Witness:	Date: