



Pet Pals Owner's Release of Information & Commitment to Conform

I am aware this examination is primarily for the purpose of determining whether or not my dog is acceptable for placement in the Pet Pals Program at University Hospitals. I realize the results of this examination and any pertinent historical information regarding my pet will be forwarded to:

Pet Pals Program
Volunteer Services Department
University Hospitals Case Medical Center
11100 Euclid Avenue
Cleveland, OH 44106-6601

I acknowledge these results will be part of a comprehensive behavioral and medical evaluation. In order to allow the veterinarian complete freedom in assessment of my pet, I waive my rights to the results of this exam, except where those results indicate illness or other required medical treatment.

I also validate that to the best of my knowledge, my pet's temperament is stable and that I will notify the Volunteer Services Department of any significant change in my dog's behavior or physical health. I commit to maintain control of my pet during the hospital visit and accept responsibility for actions while in University Hospitals. I assume responsibility for any damages my dog may incur.

This is to certify that I have read all health policies and understand my responsibilities.

Signature _____ Date _____


