



Queen West Animal Hospital  
Animal Haus  
931 Queen St West  
Toronto ON  
M6J 1G5  
416-815-8387  
animalhaus@queenwestvets.com

### CAT HAUS BOARDING VETERINARIAN RELEASE FORM

#### Cat Information

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ (month/day/year)

Spayed or Neutered :  Yes  No

#### Vet Clinic Information

Name of Veterinarian: \_\_\_\_\_

Name of Clinic: \_\_\_\_\_

Address of Clinic: \_\_\_\_\_

Closest Intersection: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Pet Insurance Company (if applicable): \_\_\_\_\_

Policy Number: \_\_\_\_\_

In the event that my cat(s) appears injured or ill during his/her stay at Queen West Animal Hospital (herein referred to as QWAH) Animal Haus Boarding Facility *during office hours* I, \_\_\_\_\_ give QWAH Animal Haus Boarding facility permission to seek veterinary care for my cat(s) at

My cat(s) primary veterinary care provider as stated above

or

Any Doctor of Veterinary Medicine at Queen West Animal Hospital located on the 1<sup>st</sup> floor of the facility.

In the event that my cat appears injured, or ill during his/her stay at QWAH Animal Haus Boarding facility after office hours I,

\_\_\_\_\_ give QWAH Animal Haus Boarding Facility permission to seek veterinary care for my cat(s). At this time, my emergency contacts or myself would be called to transport my cat(s) to a local veterinary emergency facility. Queen West Animal Hospital does not offer after hours emergency care on site.

I will assume full responsibility for the payment for any and all veterinary services rendered, including but not limited to diagnosis, treatment, laboratory testing, medical supplies and boarding.

I ask QWAH Animal Haus Boarding Facility to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit to \$\_\_\_\_\_ per cat/all cats. I understand efforts will be made to contact me regarding any treatment, illness, injury, or potential problems as soon as contact is possible.

I agreed to allow QWAH Animal Haus Boarding Facility to use their best judgment in handling these situations, and I understand that QWAH Animal Haus Boarding Facility and its staff assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my cat(s).

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time QWAH Animal Haus Boarding Facility cares for my cat(s). I agree that if QWAH Animal Haus Boarding Facility cannot reach me I give my emergency contacts provided to have authorization to make health, medical and financial decisions for my cat(s).

Name of Cat(s): \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_