



QUALITY OF LIFE ASSESSMENT AUTHORIZATION

PET & OWNER INFORMATION

Pet Name: _____ Tracking ID #: _____
 Dog Cat Other: _____ Male Female Weight: _____ lbs
 Breed: _____ Color: _____ Age: _____
 Owner Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____
 Secondary Contact: _____ Phone: _____

CURRENT VETERINARY INFORMATION

Referred by? _____
 Veterinarian's Name: _____ Phone: _____
 Do you authorize the release of medical records to Kindred Spirits? Yes or No

QUALITY OF LIFE ASSESSMENT AUTHORIZATION AND RELEASE

I certify I am the legal owner/legal representative of the pet described above and give Kindred Spirits Pet Services, and any authorized agents, staff, or representatives full and complete authority to examine and make recommendations for the above-described pet. I agree that Kindred Spirits Pet Services and any authorized agents, staff, or representatives shall not be liable for any direct, indirect, or consequential damages resulting from such quality of life assessment. I understand that Kindred Spirits Pet Services will give me options such as further veterinary care services through my regular veterinarian, palliative care, hospice care, humane euthanasia or I may choose not to pursue any additional service at this time. To the best of my knowledge, the information I have provided is accurate and complete. I understand my wishes may be carried out immediately upon my signing this agreement. Fees for these services have been explained to me, and I assume full responsibility for all charges applicable to such services. I have carefully read and fully understand the foregoing provisions.

Print: _____ Sign: _____ Date: _____
Owner/Legal Representative

NOTF__ CUST__ INVC__ PYMT__ BKDP__ QBDP__ PRNT__ DATA__