Animal Network

Owner & Independent Rescuer Medical Assist Contract

Name Dog Age M/F Spay Vaccines Chip Breed/Size Color - Weight	Primary Telephone			Email Address						Alternate Telephone	
Cat Neuter Current	Address					City		State	Zip		
Name & telephone number of your veterinarian As the legal owner or rescuer of this pet I agree not to abandon the pet with the Animal Network. I will hel transport the pet to either the vet or temporary boarding. If I agree to help with the financial costs of boarding and treating this pet I will follow through with the commitment. I also agree to indemnify and hol harmless the Animal Network, its volunteers, agents, and representatives, from any and all liability arising out of or in consequence of, any injury sustained while the Animal Network is assisting me with this pet. Should the animal be left and not picked up by owner or rescue Animal Network has the right to call Animal Control. Dwner or IR Signature: Date:	Name		Age	M/F			Chip	Breed/Size	Color - W	eight	
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Animal Network Rep: Date:	Name & telen	ohone ni	ımber (of vour	veterinaria	ın					
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Animal Network
(702) 582-7534
AnimalNetwork.LV@gmail.com
www.petfinder.com/shelters/NV163.html

