

Animal Network

Owner & Independent Rescuer Medical Assist Contract

Name: _____

Primary Telephone	Email Address	Alternate Telephone

Address	City	State	Zip

Name	Dog Cat	Age	M/F	Spay Neuter	Vaccines Current	Chip	Breed/Size	Color - Weight

Reason for assistance with pet? _____

Known Health/Behavioral Issues: _____

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 help 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 hold 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.

Owner or IR Signature: _____ Date: _____

Animal Network Rep: _____ Date: _____

Animal Network Notes: _____



Animal Network
(702) 582-7534
AnimalNetwork.LV@gmail.com
www.petfinder.com/shelters/NV163.html

