

DATE _____

IN THE EVENT OF A RECOMMENDED EVACUATION OF NEW ORLEANS UNDER HURRICANE WARNING, I AUTHORIZE **AND HAVE MADE ARRANGEMENTS WITH THE FOLLOWING PERSON(S)** TO PICK UP MY PET(S) FROM LAKEVIEW VETERINARY HOSPITAL WHEN NOTIFIED TO DO SO:

NAME _____

PHONE # _____

I HAVE NOTIFIED THIS PERSON(S) THAT THEY ARE TO ACT IN THIS CAPACITY.

PLEASE HAVE THEM CONTACT LAKEVIEW VETERINARY HOSPITAL AS SOON AS NEW ORLEANS IS PLACED UNDER A HURRICANE WATCH TO GET FURTHER INSTRUCTIONS.

I HEREBY RELEASE LAKEVIEW VETERINARY HOSPITAL FROM ANY AND ALL LIABILITY IN THE EVENT MY PET IS **NOT** PICKED UP WHEN NOTIFIED DURING A HURRICANE EVACUATION.

SIGNATURE OF OWNER OR AUTHORIZED AGENT