

AUTHORIZATION TO TRANSFER THE CARE OF THE SERVICE ANIMAL

I, _____,
(Name of Patient)

the owner of _____ understand that in
the event I am (name of Service Animal, "animal")

unable to care for my animal, a representative of Vanderbilt University Medical Center

(VUMC) will contact the individual(s) I designated on the "Service Animal Information" form.

If for any reason the representative cannot reach the designated person(s), VUMC has my permission to obtain the services of a veterinarian if safe housing and/or care of my animal are deemed necessary.

I acknowledge that, at all times, I am responsible for any and all expenses incurred for:

- Damages and/or injuries caused by my animal while at VUMC and
- The provision of safe housing and/or care for my animal

Patient Signature: _____ Date/Time: _____

If patient is unable to sign, obtain signature and relationship of authorized individual as designated on the "Service Animal Information" form.

Designated Person's Signature: _____ Date/Time: _____

Witness Signature: _____ Date/Time: _____