

## Consent for Medical Records Form



Completed by OHS:

Animal ID #A \_\_\_\_\_

### Pet Stewardship Program Consent to Share Medical Records

#### Owner Information

First and Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Pet Information

Name \_\_\_\_\_ Age \_\_\_\_\_

Microchip # \_\_\_\_\_

Breed/type \_\_\_\_\_ Colour & Markings \_\_\_\_\_

Gender       Male       Female      Spayed/Neutered       Yes       No       Unsure

I, \_\_\_\_\_ (owner's name), have entered into a Pet Stewardship Agreement with the Ottawa Humane Society (OHS). Upon my death or incapacitation, my companion animal will be transferred to the OHS. The OHS will maintain ownership of my companion animal and ensure veterinary care for the rest of my companion animal's life.

Upon my death or incapacitation, I consent to have my companion animal's up-to-date medical records shared with the OHS.

Signed:

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Companion Animal Owner

Date

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Companion Animal Owner 2 (if applicable)

Date