



**TRINITY AREA SCHOOL DISTRICT**  
231 Park Avenue, Washington, PA 15301  
Phone: 724.223.2000

### Authorization for Treatment and Care

This application must be completed in full and returned to the Veterinary Assistant Instructor. Pets may not appear on school grounds until the application has met approval and a date/time has been scheduled with the Veterinary Assistant Instructor.

#### **OWNER INFORMATION:**

Owner's Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

#### **ANIMAL INFORMATION:**

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Primary Veterinary Clinic/Provider: \_\_\_\_\_  
Primary Veterinarian: \_\_\_\_\_ Veterinarian Phone #: \_\_\_\_\_

Does your pet need any special medication or treatment(s)? If so, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your pet had any recent major surgeries or other medical history/diagnosis?  
\_\_\_\_\_  
\_\_\_\_\_

Is your pet neutered/spayed? \_\_\_\_\_  
Is your pet obedient/trained? \_\_\_\_\_  
How does your pet interact with other animals? \_\_\_\_\_  
Does your pet behave well with strangers? \_\_\_\_\_  
Do they play well with people? \_\_\_\_\_  
Does your pet show food aggression? (Getting upset when food is touched/taken away)  
\_\_\_\_\_  
Is your pet possessive of toys / aggressive over toys? \_\_\_\_\_  
Is your pet microchipped? (not required) \_\_\_\_\_

**MANDATORY VACCINES – DOG:**

**\*\*Must have a paper copy of vaccine history/certificate submitted with this application\*\***

Rabies Date given: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Bordetella (Kennel Cough) Date given: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Distemper (DHLPP) Date given: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

LICENSE (Dog Only) A valid Pennsylvania Dog license is required for you to participate at Trinity Vet Tech. Dog License Number: \_\_\_\_\_

**MANDATORY VACCINES – CAT:**

**\*\*Must have paper copy of vaccine history/certificate submitted with this application\*\***

FVRCP Date Given: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Rabies Date Given \_\_\_\_\_ Exp Date: \_\_\_\_\_

**EDUCATION / PHOTOGRAPHY DISCLAIMER:**

While your pet is at Trinity Vet Tech, we may utilize them to demonstrate proper restraint techniques, example physical examinations, and taking vitals to further educate and provide hands-on experience for our students. We may also photograph your pet while he/she is here for services. Please initial below if you allow or decline to have photos or video of your pet taken.

\_\_\_\_ Accept \_\_\_\_ Decline

**INJURY:**

**Authorization for Medical Treatment in Emergencies:** It is possible that your pet could sustain an injury while at Trinity Vet Tech. However, if that were to occur we will attempt to contact you and request that you pick up your pet. If unsuccessful, we will transport your pet to the nearest Veterinarian Office/Emergency Facility. Any veterinary treatment provided by the emergency veterinarian is at the cost of the pet's owner. Trinity Vet Tech will not be held liable for injury or illness. This release gives Trinity Vet Tech full authorization to seek medical treatment from the nearest Veterinarian in case of a medical emergency while your pet is at Trinity Vet Tech. All Veterinary costs and expenses will be the responsibility of the animal's owner.

**Refusal of Services:** Trinity Vet Tech has the right to refuse services at any time. In the event that your animal is too stressed or becomes too dangerous to work with, Trinity Vet Tech has the right to refuse services. Please initial that you understand and accept the injury clause:

\_\_\_\_\_ I understand and accept that Trinity Vet Tech will contact me in the event of an emergency to make arrangements and that if I can not be reached, my pet will be treated at the nearest Veterinarian Office/Emergency Facility.

\_\_\_\_\_ I understand and accept that Trinity Vet Tech is not responsible in any way for injury or illness that occurs to my pet while on the premises.

**SIGNATURE:**

I have read, understand and agree to all of the following information presented to me throughout this document. In view of this and intending to be legally bound, I accept all and full responsibility for any injury and damage that may in anyway result to me, my property or my animal. I do hereby release and discharge Trinity Vet Tech from all responsibility. I also acknowledge that without this waiver and release Trinity Vet Tech cannot accept my pet for services. I have personally read this release.

Owners Printed Name: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Purposes:**

Pet was approved for entry to Trinity Vet Tech: \_\_\_\_\_

Pet was denied entry to Trinity Vet Tech: \_\_\_\_\_

Reason Pet was denied entry:

\_\_\_\_\_  
\_\_\_\_\_

Trinity Vet Tech Faculty Initials: \_\_\_\_\_

Date received: \_\_\_\_\_