



6245 Memphis Street
New Orleans, LA 70124
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www.lakeviewvet.com

label

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