

Visitor and Volunteer Acknowledgment and Release of Liability

We are pleased to welcome you to the University of Pennsylvania School of Veterinary Medicine. Due to the nature of our clinical setting—which involves close interaction with animals, medical equipment, and procedures—we require all visitors and volunteers to review and sign an acknowledgment and release of liability form prior to beginning their activities.

Visitor Information

Name:	
Home address:	
City/State/Zip:	
Phone number:	
Email:	
Emergency Contact Name:	
Emergency Contact Phone:	

Assumption of Risk

I understand and acknowledge the following:

- I am not allowed to have direct contact with any animals. *
- Because animal behavior can be unpredictable, animals not under my control may have contact with me. This includes the risk of scratches, bites, or being knocked down.
- There is a risk of exposure to zoonotic diseases (those transmissible from animals to humans including rabies), parasites, and allergens.
- I may encounter wet or slippery floors, medical equipment, and other hazards inherent in a clinical hospital setting.
- My personal property may be exposed to animal-related damage or loss.
- I may come into contact with cleaning agents, disinfectants, or other chemicals used in animal care.

I voluntarily assume these risks and agree to exercise appropriate caution at all times.

*** for a visiting resident/intern from a US accredited school - supervised patient handling is permitted**

Release and Waiver of Liability

By signing below, I hereby release and discharge the University of Pennsylvania School of Veterinary Medicine, including its trustees, officers, employees, students, and agents, from any and all liability, claims, demands, or causes of action that may arise from any injury, illness, loss, or damage to myself or my property occurring during or as a result of my participation as a volunteer, whether arising from negligence or otherwise, to the fullest extent permitted by law.

I understand that this release applies to all activities undertaken while volunteering, whether on the hospital premises or in any other location associated with Penn Vet.

Additional Acknowledgments

- I understand that I am not an employee of the University and am not entitled to compensation, benefits or liability coverage while on premises at Penn Vet.
- I agree to follow all safety protocols, wear appropriate attire, and comply with the instructions of Penn Vet staff at all times.

Signature of Visitor or Volunteer:	
Printed Name:	
Date:	

Signature of Supervisor or Service/Section Head:	
Printed Name:	
Date:	