



This Agreement is made on _____ between BETH DONOVAN HOSPICE ("BDH") and the
(DATE)

BORROWER (individual who will use the equipment): _____

Street Address: _____

City, Province, Postal Code: _____

Home Telephone: _____ Cell Phone: _____

E-mail address: _____ Date of Birth: _____

Health Card Number: _____ Version Code: _____

Preferred language: _____

EMERGENCY CONTACT: _____ Relationship to Borrower: _____

Home Telephone: _____ Cell Phone: _____

E-mail address: _____

How did you hear about us? _____ Reason for equipment use: _____

I (_____) hereby acknowledge that I relinquish BDH from liability should an
(PRINT NAME)

incident occur, for the loan of the assistive device that is now recognized under my name. I understand that it is my responsibility to contact qualified medical personnel for instruction on the use and adjustment of the device. I agree to return the equipment to BDH clean and in its original condition, with report of any damage. I agree to return the assistive device to BDH.

Yes! I would like to receive email updates from Beth Donovan Hospice.

Signature: _____

BDH Staff Signature: _____

Print Name: _____

FOR OFFICE USE ONLY:
 Copied Driver's Licence
 Inputted into CIMS

* Copy of driver's licence is for office use only.



EQUIPMENT ON LOAN – OFFICE USE ONLY

Item #	Description	Attachments/Accessories	Date Returned

Beth Donovan Hospice

1107 French Settlement Road, Kemptville ON K0G 1J0

Tel 613.258.9611 Fax 613.258.9651 • bdh@bethdonovanhospice.ca • www.bethdonovanhospice.ca