

Consent for Transportation of a Patient to a Veterinary Facility

Client's Name _____ Patient's Name _____

Name of Veterinary Practice Providing Current Care _____

Location to Which Patient Will Be Transferred _____

I, the undersigned owner or authorized agent of the owner of the above pet, desire to use this practice's ambulance transportation service for my pet's benefit and my convenience and, thus, consent to have the above named pet transported to another veterinary facility for ongoing or more intensive care and/or observation. I have been advised by staff that:

Please Initial

_____ This veterinary practice's transportation service is not a fully equipped ambulance service;

_____ The vehicle used is not equipped to provide full medical treatment or care to this pet during transport; and

_____ The employee of this veterinary practice who will provide such transportation is not capable of providing medical treatment or care for my pet during this travel period. I accept and agree that NO medical treatment or care will be provided to my pet during its transfer to a follow-up facility.

_____ I have been advised that the employee(s) of the practice who will provide this transportation service will use a vehicle owned by the veterinary practice to provide this transportation and hereby consent to such action.

_____ I have been advised and consent to the fact that my pet will be transported in a cage, unless he or she is too large for same, in which case he/she will be restrained via some other appropriate means. I accept that my pet may be transported with other animals in the vehicle (each in individual cages or separately restrained).

I HEREBY ACCEPT THAT THE TRANSPORTATION OF MY PET TO AND/OR FROM THE FOLLOW-UP VETERINARY FACILITY WILL BE AT MY OWN RISK AND THAT THIS VETERINARY PRACTICE IS NOT RESPONSIBLE FOR THE CHOICE OF OR QUALITY OF MEDICAL CARE RENDERED AFTER MY PET ARRIVES. IN THE ABSENCE OF NEGLIGENCE, I AGREE TO HOLD THIS FACILITY AND ITS EMPLOYEES AND AGENTS HARMLESS FROM ANY AND ALL INJURIES OR MEDICAL DETERIORATION THAT MIGHT OCCUR DURING THIS TRANSPORTATION.

Signature of Owner or Authorized Agent

Date