

VetMedics Inc.

123 Cherrywood Dr.

Fishkill, NY, 12524

(845) 202-7200

www.VetMedics911.com

CLIENT INFORMATION FORM

This agreement, dated _____ is made between VetMedics Inc. located at 123 Cherrywood Dr. Fishkill, NY.12524, referred to as "VetMedics" and the Client.

Please fill out the following:

Owner's Last Name: _____ First Name: _____

Street: _____ Apt#: _____

City, State: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____

Work Phone: _____

Email: _____

Pet's Regular Veterinarian: _____

Payment is expected when services are rendered. Please check your preferred method of payment:

CASH _____ MONEY ORDER _____ AMEX _____ VISA _____ MC _____

Credit Card #: _____ Security Code: _____

Expiration Date: _____ Billing Zip Code: _____

PLEASE NOTE: PERSONAL CHECKS ARE NOT ACCEPTED.

PET INFORMATION

Pet's Name: _____

Species: DOG _____ CAT _____ BIRD _____ OTHER _____

Sex: _____ Neutered: _____

Breed: _____ Color: _____

How Old? _____

Has your pet been vaccinated? _____ Date of Vaccination? _____

Any pre-existing medical conditions or allergies? _____

Reason for your call today? _____

TRANSPORT: I _____ have read, understand and agree that the promised service to be provided by VetMedics is as follows:

From:

To:

Non-Emergency Transport

- | | | |
|--------------------------|--|---------|
| <input type="checkbox"/> | One way transport.
(Curbside pickup & transport of leashed or caged animal) | \$75.00 |
| <input type="checkbox"/> | Return transport requested. <i>Single handler service fee.</i> | \$25.00 |
| <input type="checkbox"/> | Waiting time fee. <i>Per hour per team member</i> | \$45.00 |

Emergency Transport

- | | | |
|--------------------------|--|---|
| <input type="checkbox"/> | One way transport <i>Single team member</i> | \$175.00 |
| <input type="checkbox"/> | One way transport with 2 team members | \$275.00 |
| <input type="checkbox"/> | One way transport requiring addl. Veterinary Assistant | \$120.00 |
| <input type="checkbox"/> | Return transport requested. | *Varies depending on services
needed |
| <input type="checkbox"/> | Waiting time fee. <i>Per hour per team member</i> | \$40.00 |

Additional Fees

- | | | |
|--------------------------|--|---------|
| <input type="checkbox"/> | Additional Veterinary Assistant (-non-emergency) | \$40.00 |
| <input type="checkbox"/> | Additional Licensed Veterinary Technician. | \$80.00 |

Additional Services

- | | | |
|--------------------------|---------------------------------|---------|
| <input type="checkbox"/> | Oxygen usage per half hour | \$45.00 |
| <input type="checkbox"/> | IV Fluids | \$85.00 |
| <input type="checkbox"/> | Wound care, bandage, wraps etc. | \$25.00 |

Home LVT Visit

Fluid Therapy, Diabetic Maintenance,
Medication administration,

Home care. **ALL TREATMENTS HAVE BEEN AUTHORIZED BY PATIENTS VETERINARIAN*

\$85.00

**Prices listed are for services rendered within a 25 mile radius. Please ask about pricing for extended travel*

*** NYS sales tax is charged on transport services only*

Estimated Total \$ _____

Client Affirmation

You, the client understand, agree and affirm that the above information must and is accurate in that it may be relied on by VetMedics, its employees, agents and veterinary professionals in the treatment of the above mentioned pet or animal

Initial: _____

You, the client, authorize VetMedics to transport the above-mentioned pet or animal and to use all reasonable precautions against injury, escape or death, and You, the client, release and hold harmless VetMedics, its employees and agents for any injury, escape or death.

Initial: _____

You accept full and complete responsibility for any errors or omissions and hold harmless VetMedics, its employees, and agents for any errors or omissions arising before, during or after the transport of the above mentioned pet or animal.

Initial: _____

You, the client do hereby remise, release, acquit, satisfy, and forever discharge VetMedics, its employees or agents of and from all manner of action(s), cause(s) of action, suits, debts, sums of money, accounts, controversies, agreements, promises, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which You shall or may have, by reason of any matter or cause.

Initial: _____

You, the client understand and agree that VetMedics Inc. provides pet transportation only and does not provide any diagnosis or prescriptions of any kind. Upon request by You, the Client, veterinary professionals are available for an additional fee to accompany the above mentioned pet or animal during transit to provide any medical or veterinary assistance.

ACCEPTANCE: _____ **DATE:** _____

Initial: _____

After carefully reading the above, I have signed in agreement.