

Authorization to Provide Care

Pet Owner's Name _____

Authorization to provide care for _____

I agree to the following terms and conditions for the life of my pet:

1. I understand that there are two pages for the authorization form and must sign on the second page for my pet to have care provided by PreFURred Veterinary Clinic, LLC. If I do not agree these terms, I am aware that I have the right to seek veterinary care from another clinician and that my pet being seen by PreFURred Veterinary Clinic is not my only option. If my pet cannot be seen somewhere else, there is always the option to go to an emergency veterinarian.
2. I hereby authorize PreFURred Veterinary Clinic, LLC, Dr. Copeland, or her staff to perform services, procedures, diagnostics, vaccinations, treatments, and/or administration of medications, as deemed necessary for the life of the pet(s) listed above or advisable in connection with or relating to the matters described in the attached estimate or in the matters that have been explained by Dr. Copeland or her veterinary staff.
3. I hereby acknowledge that due to the unique nature of medical treatment, once services are rendered, the payment for these services is non-refundable.
4. I understand there is a risk of complication with every procedure, including the possibility of death as a severe complication of surgery, anesthesia, or other procedures. I also understand that there is no guarantee as to the results of any procedure, diagnostics, vaccinations, or treatments. I understand that I may ask any questions that I have regarding any procedure, diagnostic, vaccination or treatment recommended by Dr. Copeland before it is performed.
5. I understand that if there are any complications during a physical exam or surgery that if any complications arise, during a surgical procedure I give PreFURred Veterinary Clinic, LLC authorization to do what is medically necessary. During a physical exam, if PreFURred Veterinary Clinic, LLC cannot contact me, I give them authorization to do what is medically necessary. I understand that any charges from doing what is medically necessary is responsible, by my the owner of my pet.
6. I understand that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of this/these procedure(s).
7. If I neglect to pick up my pet within 72 hours, PreFURred Veterinary Clinic, LLC, may assume that my pet has been abandoned and is authorized to make such arrangements as it may deem best. as per the "New Jersey Unretrieved Animal Act" NJSA45:16-13
8. I acknowledge that should I abandon my pet, I will not be relieved from my financial obligation to pay for the medical services to my pet.

9. I understand that payment is due at the time the service is rendered. Payment today only covers the services that are rendered today. PreFURred Veterinary Clinic, LLC, does not request or require personal identification as a condition to payment by credit card, but card user may be required to provide proof of identify. If for any reason payment is not made at the time the services are rendered or within 10 days thereafter, I understand that my account may be referred to a collection agency. Any check that is returned for ISF will be subject to a \$30.00 charge.
10. I understand that there is a 24 hour cancellation policy and if the appointment my pet has is not cancelled within 24 hours of the appointment PreFURred Veterinary Clinic, LLC, Dr. Copeland, or her staff have the ability to add a \$100 cancellation fee for all non-cancelled mobile appointments and charge a \$50 fee for all non-cancelled appointments located at 1288 Highway 33, Farmingdale, NJ 07727.
11. I hereby represent that I am over the age of 18.
12. I hereby represent that I am the owner of this pet and/or I am authorized to consent treatment for this pet.
13. I understand that due to the ongoing COVID-19 pandemic, PreFURred Veterinary Clinic is curbside (owners stay in their vehicles for brick and mortar appointments and houses for mobile appointments) and at no time will I be allowed on the property of PreFURred Veterinary Clinic, LLC to both protect our other clients as well as the staff.
14. I understand that PreFURred Veterinary Clinic, LLC must follow all local and state rules that entails social distancing, this means whenever an employee is present to speak to owners or bring pets to/from the building/RV owner's must practice social distancing (wearing a face mask at all times and being 6 feet apart as much as possible). I forfeit my pet to be seen by PreFURred Veterinary Clinic if I cannot practice social distancing as well as wearing a face mask.
15. I understand that PreFURred Veterinary Clinic, LLC is a mobile veterinary office as well, so if I choose to leave during my pet's brick and mortar appointment I must notify PreFURred Veterinary Clinic, LLC first, or there is a chance that my pet will come on a mobile appointment with PreFURred Veterinary Clinic, LLC and if my pet needs any medical attention during this ride I will be charged for the medical costs.
16. If my pet is in a car accident, I will not hold PreFURred Veterinary Clinic liable in any capacity.
17. I understand I must have a phone that I am able to communicate with to speak with the employee's of PreFURred Veterinary Clinic, LLC.

ALL FEES ARE DUE UPON RELEASE OF PATIENT

Please date, print, and sign:

Date _____

Print: _____

Signature: _____

