



Rescue Organization Information and Consent Form

This form must be completed and submitted prior to the appointment

Rescue Organization Information:

Has your rescue previously been a client of one of our Specialists before? Yes No

Legal Rescue Name _____

Address _____

City _____ State _____ Zip _____

Email _____

501(c)(3) Documentation

- IRS Determination Letter Attached (If not received prior to check-in, the appointment may be rescheduled or services may be provided at standard client pricing. Rescue discounts may not be applied retroactively.)

Authorized Rescue Point of Contact:

The following contacts are authorized to make medical and financial decisions on behalf of the rescue:

Medical Contact _____ Rescue
Position/Title _____

Phone (____) _____ - _____ Email _____
 Cell Home Other _____

Point of Contact Availability During Appointment:

- Available By Phone
- Present in Person
- Not Available (Alternate Authorization Required)

Financial Contact _____ Rescue Position/Title _____

Phone (____) _____ - _____ Email _____
 Cell Home Other _____

Point of Contact Availability During Appointment:

- Available By Phone
- Present in Person
- Not Available (Alternate Authorization Required)

We love patient stories!

Do we have your permission to share your pet's image and story on our social media and/or website? Your name and personal information will never be shared, we only use your pet's first name.

Yes No

Consent to Treatment

The Rescue Organization authorizes Salt River Veterinary Specialists to examine, diagnose and treat the patient listed above in accordance with accepted veterinary medical standards.

**Signature of Rescue Point of Contact
or Responsible Agent**

Date

Ownership and Authority

The Rescue Organization confirms it is the legal owner or lawful custodian of the patient listed above and has full authority to authorize veterinary care and accept financial responsibility.

**Signature of Rescue Point of Contact
or Responsible Agent**

Date

Credit Card Authorization and Financial Consent

A Valid Credit Card must be on file for the rescue organization prior to the appointment.

The card on file will be charged in full at the time of patient discharge.

The Rescue Organization agrees it is financially responsible for all services rendered unless otherwise agreed to in writing prior to treatment.

If payment authorization is not in place at time of check-in, the appointment may be rescheduled or services may be provided at standard client pricing. Rescue discounts cannot be applied retroactively.

Financial Contact

Financial Contact _____ Rescue Position/Title _____

Phone (____) _____ - _____ Email _____
 Cell Home Other _____

Credit Card Information

Name on Card: _____

Relationship to Rescue: Director Authorized Agent Other: _____

Billing Address:

Card Type: Visa Mastercard AmEx Discover

Card Number: _____

Exp Date: _____ CVV: _____ Zip Code: _____

I certify that I am an authorized representative of the Rescue Organization and that the information provided is accurate.

**Signature of Rescue Point of Contact
or Responsible Agent**

Date

Patient and Foster Information

Foster Information:

Foster Name _____

Phone (____) _____ - _____

Cell Home Other _____

Email _____

Foster Authorization to Consent to Treatment

Yes - May authorize routine and emergency care

No - May not authorize treatment

Limited - May authorize only the following: _____

Communication including, but not limited to, medical records, treatment updates and invoices may be shared with the foster

Yes - Foster May Receive All Communications

No - Foster Must Request Information From Rescue

Limited - May access only the following: _____

Patient Information:

Patient's Name _____

Species: Canine Feline Other _____

Breed _____ Color _____ Age/DOB _____

Sex: Male Neutered Male Female Spayed Female

Diet or brand fed _____

How often fed _____ When last fed _____

Are the patient's vaccinations up to date? Yes No Year of last rabies vaccine _____

Please describe the current problem for which the patient is here

List medications being administered (including over-the-counter medications). Please include dosage, frequency, and duration that the medication has been administered to the patient

Has the patient had any allergies or drug sensitivities? If yes, please list medications and reaction

Has the patient ever had a previous surgery? If yes, please describe briefly

Referring/Primary Information

Primary Clinic: _____

Doctor: _____

Send Records When Final? Yes No

Referring Clinic: _____

Doctor: _____

Send Records When Final? Yes No

Additional Hospitals/Clinics: _____

Doctor: _____

Send Records When Final? Yes No

**Signature of Rescue Point of Contact
or Responsible Agent**

Date

Patient Care Practice Policies

One of the most important criteria for the delivery of veterinary medical care from veterinarians and staff members at Salt River Veterinary Specialists is an understanding of our patient care practice principals. Please be aware of the following practice policies as a client of Salt River Veterinary Specialists to navigate your pet's care in collaboration with us:

- Patient health outcomes are impacted by adherence to the care plan prescribed by our doctors. Compliance with medications, diet, monitoring lab work, and recommended follow-up appointments is an essential part of your pet's care.
- It is imperative that there is mutual trust and respect between doctors, staff, and clients. Please maintain a respectful demeanor when communicating your needs and concerns to our staff. Disrespectful and inappropriate temperament will not be tolerated and will be grounds for dismissal from our practice.
- Our doctors dedicate their daily schedules to in-office appointments. Therefore, they may be unable to answer or return phone calls the same day. Our support staff works diligently with our doctors to address patient concerns as swiftly as possible but please understand same-day answers may not be possible due to emergent patients.
- Our doctors are unable to review follow-up lab work performed by an outside veterinarian after your initial consultation. We value the expertise of our colleagues and defer to their recommendations if they have ordered lab work for your pet. Recheck appointments are available for additional follow-up questions or concerns regarding lab work performed by an outside veterinarian.
- Please notify our hospital at least 24 hours in advance of your scheduled appointment should you need to cancel your visit. If an appointment is cancelled without notice, a non-refundable deposit of the exam fee will be required before scheduling future appointments.
- Salt River Veterinary Specialists is a specialty referral hospital, not an emergency clinic. We are not always able to arrange same-day urgent appointments once we reach capacity. Our doctor may need to refer your pet to an emergency clinic for urgent or emergency care when providing updates by phone regarding your pet's status.
- Payment in full is due at the time services are rendered. Should your pet need hospitalization, a prepayment will be required (payments may be made by cash, Visa, Mastercard, American Express, Discover, CareCredit, or Scratchpay).

By signing below, you acknowledge you will adhere to Salt River Veterinary Specialists' Patient Care Practice Policies.

**Signature of Rescue Point of Contact
or Responsible Agent**

Date
