

WMVS POLICY

Payment is required at time services are rendered.

New clients must fill out a REGISTRATION FORM and sign an AUTHORIZATION and AGENCY DECLARATION for each pet

AN AUTHORIZED ADULT (18 years or older) MUST BE PRESENT AT TIME OF VISIT (see below for agency declaration)

A FIFTEEN (15) minute WAIT TIME is built in to each visit. If pet is not presented for exam within that time period,(from start time of scheduled appointment) or if an authorized individual is not present, the house call fee will be charged to the owner. Cancellations must be made no less than 5 hours prior to scheduled visit to avoid being charged for a house call fee.

WMVS or its employees will not be held responsible for any damage to personal belongings/furniture/carpeting/other valuables. Please clear the examination area of valuable items, clutter and small children. A well-lit sparsely furnished room with a tile floor is best.

In case of an EMERGENCY or if hospitalization or further diagnostics are necessary, your pet will be referred to area specialty or veterinary hospitals.

ALL PETS must be current on Rabies vaccination in accordance with New York State Law. In some cases, a waiver can be obtained by NYS.

AUTHORIZATION and AGENCY DECLARATION: I have read and agree to Westchester Mobile Veterinary Service, PLLC (WMVS) policy and I hereby authorize services to be provided for my pet \_\_\_\_\_ (pet’s name) as required for maintaining proper health. If I am unable to be contacted, I further authorize such emergency treatment deemed essential by WMVS and staff to save my pet’s life unless specifically instructed otherwise. I understand that all reasonable precautions will be taken against injury, escape, or death of my pet and that WMVS or its staff will not be held liable or responsible in any matter therewith as it is thoroughly understood that I have been explained the risks and assume all risks. I also understand that all fees are due and payable when services are rendered, and that I am responsible for any charges incurred because of returned checks or through collection efforts including attorney fees. The signer agrees to take financial responsibility (to ‘hold harmless’ the veterinarian) in event the doctor suffers damages due to treatment that was fraudulently or improperly authorized by the signer and/or an individual authorized by the signer. As the signer, I state that I have the authority to authorize exams, vaccines, procedures, diagnostics, treatments and euthanasia.

In addition to myself, I authorize \_\_\_\_\_ (name of person 18 years and older) to present my pet for exam/vaccines/treatment/surgery/diagnostics/euthanasia in the future.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_