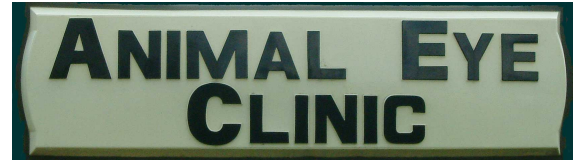


Pet Transfer Agreement

**P.E.T.S.**



**PET EMERGENCY  
TRANSFER SERVICE**



204 Medford-Mt. Holly Rd.  
Medford, NJ 08055  
(609)654-0304

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Patient Name(s): \_\_\_\_\_

Species: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Color: \_\_\_\_\_

Emergency  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by: (Name Dr. or Institution) \_\_\_\_\_

Directives from Doctor: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

Patient History or Other Important Information: \_\_\_\_\_

Destination of Pet: \_\_\_\_\_

Return Service Requested: \_\_\_\_\_

Address: \_\_\_\_\_

Pre-Approved Amount of Service: \$ \_\_\_\_\_

Pet Transfer Agreement

Terms of Agreement:

This signed document is an agreement between Pet Emergency Transfer Service, LLC (“PETS”) and \_\_\_\_\_ (Client) for the transfer of the above patient(s) to the named destination.

PETS REPRESENTATIONS:

PETS shall use reasonable efforts to provide the service(s) requested by the Client for the patient and shall exercise reasonable care and judgment when transporting the pet and with related activities.

PETS shall undertake reasonable efforts to reach the Client and/or emergency contact(s) should the patient’s symptoms become worse or require additional services.

The Pet will be transported to the facility named below for emergency or specialty care and released to that facility. PETS will complete the transfer forms as well as set the maximum amount of fees for care that they can perform. If more care is needed which requires additional funds, the facility will notify the Client for consent or other directives for the patient.

The patient will not be released upon check-out to any individual other than the Client. PETS can transport the patient back to the home or to another veterinary facility at the request of the Client. Additional fees may apply but this agreement shall remain in force during that transport.

CLIENT REPRESENTATIONS AND ASSUMPTION OF RISK:

The Client agrees to pay all costs and charges for the services provided by the PETS for the patient during the time the patient is in the care of the PETS, including those requested by the Client.

The Client acknowledges that there are inherent risks of illness, injury, and death associated with medical transport, including risks associated with driving, and that the patient may become worse or die while in medical transport and/or the stresses related to medical transport.

I EXPRESSLY AGREE AND PROMISE TO ACCEPT AND ASSUME ALL RISKS RELATED IN ANY WAY TO THE MEDICAL TRANSPORT OF MY PET AND RELATED CARE AND ACTIVITIES. MY AGREEMENT TO TRANSFER MY PET WITH P.E.T.S. IS PURELY VOLUNTARY, AND I ELECT TO BOARD MY PET WITH P.E.T.S. IN SPITE OF THE RISKS.

Client Signature \_\_\_\_\_ PETS Signature \_\_\_\_\_