

# Medical Authorization & Liability Release

CID#



Owner:	Co-Owner:
Addr1:	Phone: (Type: __Cell __Home __Work)
Addr2:	Email:
C/S/Z:	# of family pets: Dogs: ____ Cats: ____ Other:
Payment method: <input type="checkbox"/> Visa/MC/Discover <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> CareCredit <input type="checkbox"/> Payment Plan <input type="checkbox"/> Wellness Plan	
If we are closed in the event of an urgent care issue with your pet, are you able to afford the significantly higher cost of treatment at a local pet emergency room that requires full prepayment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous veterinarian, and reason for switching to us:	
Who is your Primary Care Provider (where you go for annual exams/vaccinations):	
Do you want us to become your Primary Care Provider (PCP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, I request APC to be my PCP, and I will be eligible for financial benefits only available to PCP clients (discounts, price matching, scheduling priority, financing, etc.) In exchange, I commit to use APC for all of my pet's non-urgent care until I transfer my records to another veterinarian.	
<p>For as long as I am a client, I, the pet owner/owner's agent, authorize and direct the Care Providers at APC Veterinary LLC, (veterinarians, staff, and volunteers), to treat my animals as necessary for the wellness of my pet and for the safety of other hospitalized pets including treating any transmissible parasites on my pet while at APC (at my expense). I understand that if I do not use APC as my pet's Primary Care Provider, then higher Urgent Care Provider prices will generally apply. I certify and acknowledge that (1) I will give serious consideration before making medical treatment decisions (2) I will request an explanation of the nature and risk of any Services before allowing my animals to be treated, (3) I am solely responsible for accepting or rejecting any treatment options, (4) every animal responds differently to treatment and specific results or cure cannot be promised, (5) every treatment carries the risk of unforeseeable, life-threatening or life-ending complications, and (6) lower cost options, if available and chosen, may reduce the chances or speed of recovery. If I am unsure or dissatisfied with any treatment recommendation, I will request a second opinion from either another APC veterinarian (APC's doctors gladly provide free case reviews for our clients) or at another clinic of my choosing. If I have any service concerns, I will notify the APC office manager and will provide APC thirty days to review and fully address these concerns before I publish any negative information online. I agree that publishing negative information about APC before 30 days after notification is highly damaging to APC, and I will pay damages of \$1,000 per day. If I provide information about my pet, account or experience at APC to any 3<sup>rd</sup> party or online, then I authorize APC to provide any additional supporting information APC deems necessary to respond to this disclosure, and I release APC from any and all liability for any disclosure. I authorize the Care Providers to walk and transport my animals inside/outside the hospital, and to release/obtain my pet's medical records to/from other hospitals/service providers as the Care Providers deems necessary. I understand that Care Providers are not present or available for overnight animal stays or monitoring, and I will transfer my pet to a regional 24-hour Emergency Center or boarding facility if I desire this. If I neglect to pick up my animals within 3 days of Service, I direct the Care Providers to assume that I have abandoned my animals and I assign my ownership rights of my animals to them. I agree that payment is due at the time of service, and if I fail to pay, then I agree to have my account referred to a collection agency and I will pay all collection and late fees. If any provision of these Terms is held to be invalid or unenforceable, such provision shall be struck and the remaining provisions shall be enforced to the fullest extent under law.</p> <p><b>Certification: I certify that I have read, I understand, and I agree to the terms of this agreement,</b> and in exchange for being accepted as a client, I release APC Veterinary, LLC and all Care Providers from any and all liability due to loss, death, or any decline in the condition of my animals while under their care.</p>	

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

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date