

FRIENDSHIP SPRINGS VETERINARY CARE

GENERAL POLICIES 5/15/2008

FRIENDSHIP SPRINGS VETERINARY CARE & PROFESSIONAL OPINION. For the purposes of this document, *Friendship Springs Veterinary Care* means and includes *Friendship Springs Veterinary Care*, its company, veterinarians, employees, officers, members, agents, and selected guests. I understand that in all cases, situations, and events which may arise when definition, opinion or “professional judgment as deemed necessary and desirable” are called for and required to be made with regard to the care and treatment of my pets, then such shall be determined and defined at the sole discretion of *Friendship Springs Veterinary Care*.

REQUEST, CHANGES, & REFUSAL OF SERVICES. I understand that all individuals listed, and that only those individuals so listed, on the *Registration Forms* may request services or products for my pets on my behalf, and I agree to and accept all such requests from these individuals as if they were requested by me directly. If my pet is to be admitted to the hospital or boarding facility for any reason, written consent for services may be requested. If I am to remain present on the premises while services are being provided for my pet, I will be informed verbally of all such services before they are provided. I understand that this offering of services is my opportunity to accept or decline such services, and therefore, unless I verbally decline the offer at this time, then I hereby authorize and consent to the performance all such services without further ado or documentation. I understand that to ensure the protection and well-being of all concerned parties, including but not limited to pets, patients, clients, employees, guests and all others, *Friendship Springs Veterinary Care* reserves the right to add, remove, or change the requested services for any pet in, to refuse admittance of any pet to, or to remove any pet from the boarding or hospital facility if it appears as if its state of health or behavior could jeopardize the health, safety, or well-being of itself, other pets, people, or the property of *Friendship Springs Veterinary Care*. *Friendship Springs Veterinary Care* reserves the right to refuse to perform any service it believes that such would be unethical, immoral, malpractice, illegal or beyond its capabilities or expertise.

REASONABLE CARE & ASSUMED RISKS. While my pets are in the boarding or hospital facilities of *Friendship Springs Veterinary Care*, I understand that reasonable care and standard precautions shall be exercised to safeguard my pets against injury, illness, escape, death, or other adverse events in all situations; however, I understand that some risks are inherently present in any veterinary or boarding facility in spite of such precautions. I understand that presence of staff personnel during the “closed” hours of the night, weekends, lunch periods, and certain other times is provided at the discretion of *Friendship Springs Veterinary Care*, and that such presence may not be continuous during these hours, but that *Friendship Springs Veterinary Care* will make every reasonable effort to ensure the safety of my pets during these unattended periods. I understand that *Friendship Springs Veterinary Care* routinely takes its patients and boarding pets for brief leash-walks out-of-doors for the purposes of elimination and for occasional other reasons, and that *Friendship Springs Veterinary Care* does not have a fenced-in area in which to walk the pets under its care, and that when my pets are taken out-of-doors they will be in an unsecured area. While reasonable care and standard precautions will be taken to safeguard my pets while out-of-doors, this safety cannot be completely guaranteed and some risk will always be present. If I do not wish my pets to be walked out-of-doors, then I have so informed *Friendship Springs Veterinary Care*. I accept and assume all such risks as noted above.

ILLNESS, EMERGENCIES, LIFE-THREATENING SITUATIONS, & PAIN AND SUFFERING. While my pets are in the boarding or hospital facilities or otherwise under the care of *Friendship Springs Veterinary Care*, I understand that should unexpected illness, emergency, or life-threatening situation occur, in all but the most minor of these events, *Friendship Springs Veterinary Care* will make reasonable attempts to contact me before beginning treatment. However, I further understand that, for the health, safety, and well-being of my pets, sometimes treatment may have to be initiated before such contact is established. Therefore, in the event of illness, emergency, or other life-threatening situation, I request, consent to and authorize *Friendship Springs Veterinary Care* to perform and continue all such procedures as needed to prevent needless pain and suffering and to help ensure the health, safety and well-being of my pets, including but not limited to pain management, medical, anesthetic, dental, surgical and, if no other reasonable choices for treatment exist, euthanasia (life-ending) procedures whether or not such contact has been made with me. *Friendship Springs Veterinary Care* will continue attempting to contact me as soon as is appropriate and possible following the initiation of treatment. Once contact with me has been established, further treatment decisions will be made in accordance with my wishes except as follows. For the sake of its patients, its clients, and its staff, to prevent needless pain and suffering I understand that while *Friendship Springs Veterinary Care* will make every reasonable effort to honor my wishes regarding treatment of my pets, *Friendship Springs Veterinary Care* reserves the right to reasonably manage, treat, and prevent the pain and suffering of all patients admitted to the hospital or boarding facilities including but not limited to pain management, medical, anesthetic, dental, surgical and, if no other reasonable choices for treatment exist, euthanasia (life-ending) procedures even if such treatment is not in accordance with my wishes if they deem my decisions to be unreasonable at their sole discretion.

EUTHANASIA REQUESTS. I understand that *Friendship Springs Veterinary Care* reserves the right to refuse to euthanize any pets they deem unwarranted.

AGGRESSIVE OR DANGEROUS ANIMALS & RABIES QUARANTINE. I understand that to ensure the protection of the public, its staff, its guests, the pets under its care, and facility property, *Friendship Springs Veterinary Care* reserves the right to tranquilize, sedate, anesthetize, or otherwise pharmacologically or physically restrain any animal deemed aggressive or dangerous in whatever manner is deemed necessary, that I may be assessed additional fees for such special handling, and that such animals may not be permitted back into the facilities of *Friendship Springs Veterinary Care*. I understand that *Friendship Springs Veterinary Care* takes concerns about rabies very seriously, and therefore, if my pets bite any human while in the boarding or hospital facility, then my pets will be required to submit to a ten-day quarantine period in an appropriate boarding facility at my own expense as required by law. If my pets bite another animal, then my pets will be required to submit to a ten-day quarantine period at *Friendship Springs Veterinary Care* at my own expense.

EXTRA-LABEL MEDICATIONS. I understand that some medications may be used *extra-label* in the treatment of my pets. Extra-label means use of medications in manners for which they are not specifically labeled. Such use does not mean that these medications are experimental nor does it mean that they are necessarily dangerous. Because of the relative paucity of medications specifically licensed for use in domestic animal species, this is a common procedure practiced daily by most veterinarians. I consent to such use of medications not specifically licensed for individual domestic species if they are used within the accepted standards of usual and common practice.

RELEASE DATE, ABANDONMENT, & RELEASE TO NON-OWNERS. *Friendship Springs Veterinary Care* is a small facility with limited space, and therefore, timely release of pets from the boarding and hospital facilities is essential to maintain smooth operations. I understand that “required date” means the last day of my pets’ reservation periods or the date upon which I have been informed by the staff of *Friendship Springs Veterinary Care*, either verbally or in writing, that my pets are medically able to be released from the hospital, and that “claim” means to check-out my pets from the boarding and hospital facilities and pay all fees for services performed. I understand that I am responsible for *claiming* my pets by the *required date*. If I am unable to claim my pets by the required date, then I will notify *Friendship Springs Veterinary Care* immediately. If for any reason my failure to claim my pets by the required date interferes with the boarding reservations or hospitalizations of other pets, then I agree to pay a penalty of four times the regular rate of all services provided per each day beyond the required date, and I understand that all services will continue to be provided as deemed appropriate at the sole discretion of the staff of *Friendship Springs Veterinary Care*. I understand that with twenty-four hours notice, written or verbal, I may be required to pay current the fees for all services performed *to-date* even if I am not removing my pets from the boarding or hospital facilities, and that I may also be required to make a deposit against further services to be performed. I understand that failure on my part to meet any or all of the above requirements will be interpreted *immediately* as abandonment of my pets, and I hereby immediately relinquish all rights to my pets and grant full ownership to *Friendship Springs Veterinary Care* at their discretion without further ado or notification. I acknowledge that such release of ownership does not relieve me of my financial obligations to *Friendship Springs Veterinary Care* for services rendered to the point of such relinquishment. I understand that pets will not be released to anyone other than the individuals noted on the *Registration Form* unless I have provided other written consent in advance to allow such release. Further, I understand that before my pets are released from the facility, all fees for services performed during my pets’ stay must be paid in full in accordance with the posted payment policy.

CANCELLATION POLICY. Because *Friendship Springs Veterinary Care* is a small facility with limited space and high demand for that space, I understand that I may be asked to secure reservations with a credit card, debit card, or check deposit of 50% the expected fees. The following cancellation policies have been established, and they may be strictly followed. For non-holiday periods a 24-hour cancellation notice is required. For the Thanksgiving holidays, including from the Monday before to the Monday after it, a 14-day cancellation is required. For the Christmas and New Year’s Day holidays, including the time period starting December 18 and ending

January 3, a 14-day cancellation is required. For all other holidays recognized by the US Postal Service and the three days before and after them, a 7-day cancellation is required. I understand that if cancellations are not made in accordance with the above noted policy, then at the sole discretion of *Friendship Springs Veterinary Care* I agree to pay 50% of the boarding fees for the number of days cancelled, and I specifically grant permission to and authorize *Friendship Springs Veterinary Care* to immediately charge this amount to my debit card or credit card or if I secured my reservations with a check deposit, I understand that my deposit is forfeit.

VACCINE REQUIREMENTS & COMMUNICABLE DISEASE. For the safety of all the pets under the care of *Friendship Springs Veterinary Care*, all pets in the boarding or hospital facilities are required to be up-to-date on vaccinations and on parasite prevention medications as defined by the current policy of *Friendship Springs Veterinary Care*. Proof of such status is required; acceptable proof may include copied, faxed, or emailed medical records from previous veterinarians. If these are not available, telephone verification from a previous veterinarian will also be accepted—a fee for long distance calls may be applicable. These procedures performed by anyone other than a licensed veterinarian will not be accepted as current. If the current status of these well-care procedures cannot be verified for my pets by the end of the first day of admission, then without further ado or notification, I understand that my express consent is considered to have been given for such vaccinations and parasite control measures to be administered to my pets at my expense as deemed appropriate to be in accordance with the policy of *Friendship Springs Veterinary Care*. I understand that reasonable care and standard precautions will be exercised by *Friendship Springs Veterinary Care* to safeguard this pet against communicable diseases while it is in the boarding and/or hospital facilities, but I further understand that in spite of such precautions and care, animals in group situations may become exposed to infectious agents, and I accept and assume all such risks.

GROUP PLAY, RECESSES & WALKS. I understand that only pets that are considered to be happy, social, healthy dogs will be admitted to Group Play, that Group Play is not recommended for dogs that have health problems or those that are aggressive towards or fearful of other dogs or people. Puppies must be at least two weeks past their final vaccines; adult dogs must be up-to-date with their vaccines, all dogs must be on flea control medications and heartworm/intestinal parasite prevention, and all dogs over six months of age must be neutered (male and female) to be admitted to Group Play. If my pets have health or behavior problems, they will be evaluated by *Friendship Springs Veterinary Care* on an individual basis to determine their fitness for group play or lack thereof. I have fully disclosed to *Friendship Springs Veterinary Care* all of my pets' known health and behavior problems. I completely understand that if I choose to enroll my pets in group play, I understand that my pets will be co-mingling with other pets from other families. While such co-mingling will be under the direct supervision of the staff of *Friendship Springs Veterinary Care*, and reasonable care and standard precautions will be taken to safeguard my pets, this safety cannot be completely guaranteed and some risk will always be present. If I allow my pets to take part in Group Play, then I accept and assume all such risks associated with this activity. Recess periods for groups are guaranteed to be a minimum of two hours each. Every reasonable attempt will be made to ensure that private recesses are also two hours but only one hour is guaranteed. Depending upon scheduling availability, each recess period may be all at one time or broken in up into smaller play periods but the total time period will be as noted above. Lodging includes two walks per day. Day camp includes one walk per day.

MEDICATIONS, DIETS, & PERSONAL ITEMS. If my pets are receiving any medications that must be given while in the boarding or hospital facilities, I will provide all such medications, and each medication will be in its own separate and clearly labeled container. If I do not provide adequate amounts of medications or if such medications are not clearly labeled, then *Friendship Springs Veterinary Care* reserves right to provide, refill or replace all such items with the same or similar medication at my expense at the current cost as purchased from *Friendship Springs Veterinary Care*. *Friendship Springs Veterinary Care* is pleased to provide premium diets, *Purina Pro Plan* or *Purina EN*, as our house pet foods. If my pets require any diet other than one of these products while in the boarding or hospital facilities, then I will provide all such diets, and each diet will be in its own separate and clearly labeled container. If I do not provide adequate amounts of the diet, if the diet is not clearly labeled, or if the food appears "bad" or "spoiled," then *Friendship Springs Veterinary Care* reserves right to provide, refill or replace all such items with the same or similar diet at my expense at the current cost as purchased from *Friendship Springs Veterinary Care*. Personal items include but are not limited to non-edible items, such as articles of clothing, towels, beds, and toys, and edible items, such as dog food, snacks, leather or rawhide chews, pig ears, cow hooves, dental chews, and dog biscuits. *Friendship Springs Veterinary Care* will try to return any non-edible personal items and any leftover edible items that are left for my pets while boarding, but such guarantee is not made, and I leave all such items with my pets at my own risk. If an item is of particular sentimental or financial value *Friendship Springs Veterinary Care* strongly recommends that it not be left. Further, I accept and assume all risks for any injury, illness, escape, death, or other adverse events that may occur to my pets because of any personal items that I have left for my pets to have while boarding. If treatment must be provided because of such injury related to any such personal item, it will be provided at my own expense.

BOARDING DISCOUNTS & EXTENDED DAILY CARE Fees. Additional pets boarding in the same kennel/condo will receive a 25% discount off of the boarding/lodging component portion only of their bill. Pets boarding for seven or more days will receive a 10% discount off of the boarding/lodging component portion only of their bill. Check out time is at 8 a.m. However, as a courtesy we allow pets to stay until 12:00 p.m. without incurring an extra charge. Pets that check out after 12:00 p.m. (noon) will be assessed an additional day care fee.

GROOMING. While grooming services are offered on the premises of *Friendship Springs Veterinary Care*, I understand that the grooming business is owned and operated independently by a person who is not an employee of *Friendship Springs Veterinary Care* and is a separate and privately owned business. Grooming fees will be paid to *Friendship Springs Veterinary Care* who will then reimburse the groomer for those fees. I understand that although the grooming services are provided by a separate and unrelated business, while my pet is on the premises of *Friendship Springs Veterinary Care* all other policies contained herein are still applicable. I understand that *Friendship Springs Veterinary Care* has no responsibility or liability for any problems or complaint which arise as a direct result of grooming, and I agree to hold *Friendship Springs Veterinary Care* harmless for and blameless for any such problems that occur to this pet while being groomed.

INDEMNIFICATION, TERM OF AGREEMENT, & PAYMENT POLICY. With regard to any and all of the clauses contained within this document, if injury, illness, escape, death, or any other adverse events occur with my pets in spite of standard and reasonable care and precaution by *Friendship Springs Veterinary Care*, then I hereby release, indemnify, and hold harmless *Friendship Springs Veterinary Care* from all liability and against all claims arising from all such events regardless of cause. I understand that no guarantees of treatment success, continued good health, or well-being are made or implied; that this agreement is understood to continue to exist and be in force indefinitely unless revised and posted on the *Friendship Springs Veterinary Care* internet website; that in the event of conflict with any other document of *Friendship Springs Veterinary Care*, then this document shall rule; that this agreement applies equally to this pet, all other pets I have now registered or pets I may register in the future with *Friendship Springs Veterinary Care*; that in the event that any portion of this agreement shall be found void or unenforceable for any reason, all other portions of the agreement will remain in full force and effect; that *Friendship Springs Veterinary Care* does not routinely bill or accept partial payments and that payment is due in full at the time that services are performed; that cash, personal checks, ATM cards, debit cards, Visa, MasterCard, Discover, and American Express are acceptable forms of payment subject to the posted acceptance policy; and that deposits may be required before service is performed at the discretion of the staff of *Friendship Springs Veterinary Care*. I have read, understand, and agree to all portions this agreement. I understand that these policies are subject to change without further notice or notification, but that such changes or revisions will be posted to the *Friendship Springs Veterinary Care* internet website, that I am solely responsible for making myself aware of such revisions, and that *Friendship Springs Veterinary Care* strongly encourages and recommends that I review these policies before requesting any services or admitting my pets to the hospital, boarding, or grooming facilities of *Friendship Springs Veterinary Care*. I agree to pay for all services performed under this agreement and all other consents and agreements made with *Friendship Springs Veterinary Care* without regard to outcome of treatment or care.

Signature

Print Name

Date