



**Rapid Paws
TRANSFER SERVICE**

Animal Transfer Agreement

Client Name: _____

Address: _____

Phone: _____ Email: _____

Patient Name(s): _____

Species: _____

Emergency Contact: _____ Phone: _____

Referred by (Name of 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: \$ _____

Terms of Agreement:

This signed document is an agreement between Rapid Paws (PROVIDER) and _____ (Client) for the transfer of the above Patient(s) to the named destination.

PROVIDER REPRESENTATIONS:

PROVIDER 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 Patient and with related activities.

PROVIDER 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. PROVIDER will complete the transfer forms as well as set the maximum amount of fees for care that the facility 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. PROVIDER 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 Rapid Paws for the Patient during the time the Patient is in the care of PROVIDER, 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 Rapid Paws IS PURELY VOLUNTARY, AND I ELECT TO BOARD MY PET WITH Rapid Paws IN SPITE OF THE RISKS.

Client Signature _____

Rapid Paws Signature _____