



ART CITY VETS & URGENT CARE

RESCUE AGREEMENT

2023

Thank you for choosing Art City Vets to help provide veterinary care for your rescue organization. Art City Vets loves rescues, and we want to do our part to help your efforts! Thank you for all that you do!

Please complete this packet and return it to info@artcityvets.com along with your organization's 501c3 to begin receiving benefits.

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This packet will be updated on an annual basis. Rescues are required to complete a new packet each year to continue the program.





RESCUE AGREEMENT 2023

Locations

Main Building & Urgent Care

2001 Hamilton Street #1
Philadelphia PA 19130

Wellness Center

2000 Hamilton Street Unit 109
Philadelphia PA 19130

Hours:

Our Wellness Center sees scheduled appointments only.

Please call 215-563-8387 to make an appointment.

At our main urgent care location, we are happy to provide urgent care and emergency services when needed inside of our regular business hours. We ask that for non-urgent walk-ins, sick visits, and wellness visits, that you kindly visit us during our Rescue Services hours which are as follows,

Monday - Friday

8:00am-4:00pm

Saturday

8:00am-2:00pm

Sunday

8:00am-12:00pm

For urgent care walk-in and emergency services we ask that you call ahead when possible so that our team can be provided with the information needed for registration in advance of arrival. This will help us minimize wait time and expedite patient care.

Contacts:

*Please contact the front desk for general inquiries, scheduling, & urgent care needs.

Art City Vets: 215-563-8387 info@artcityvets.com

Abigail Pinello

Hospital Director

Rescue Billing & Events

215-563-8387 apinello@artcityvets.com

Cassandra Ruiz

Marketing Director

Social Media & Events

302-562-8448 cruiz@artcityvets.com



Program Information & Benefits

Discounted Care

Urgent Care/Walk-In Exams (Monday – Friday) **\$69** (normal fee - \$99)

Urgent Care/Walk-In Exams (Saturdays, Sundays, & Holidays) **\$86** (normal fee - \$115)

20% Rescue Discount on all other scheduled exams, services, labs, and medications!

Spay & Neuter Program

Felines	Spay \$ 220	Neuter	\$165
Canines <50 pounds	Spay \$ 275	Neuter	\$ 220
Canines >50 pounds	Spay \$ 385	Neuter	\$ 330

The above pricing includes the surgical procedure, pain management during the procedure, e-collar (if needed), post-operative surgical laser, and if needed, IV catheter and fluid therapy.

Preoperative blood work, microchip placement, vaccines, and SNAP tests can be performed at the time of the procedure upon request at the standard rescue discount of 20%. Please alert our surgical team if you elect to add these services. We recommend pre-operative lab work in all surgical patients if possible.

Rescue Adopter Credit

\$25 off any new client's or adopter's first wellness visit to Art City Vets

\$25 will be matched by Art City Vets and added as a credit to your rescue's account!

Rescue voucher must be completed by an authorized rescue representative (if applicable). Additional restrictions may apply. Please see the rescue voucher for further details.

Donations & Events

Art City Vets supports anyone who wishes to donate toward any rescue to help our furry friends who need care. We will direct all individuals who wish to donate to the contact listed for the affiliated rescue. Art City Vets will not be responsible for any monetary exchanges.

Interested in having Art City Vets host an adoption or fundraising event? We also facilitate an annual donation drive. Please contact Abigail Pinello at apinello@artcityvets.com for further information.

Social Media

Art City Vets would like to help raise awareness for our rescue partners on social media! Upon request, we can highlight your rescue in regular Art City Vets features and share your photos and posts about events and other related content. Please contact Cassandra Ruiz at cruiz@artcityvets.com for further information. Art City Vets reserves the right to determine what content will be shared on all Art City Vets' accounts.



Rescue Contact Form

Please complete this form in its entirety. Partial entries will not be accepted.

<p>President</p> <p>First & Last Name: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>	<p>Vice President</p> <p>First & Last Name: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>
<p>Primary Contact This contact must be able to make medical and financial decisions on behalf of the rescue.</p> <p>First & Last Name: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>	<p>Secondary Contact This contact must be able to make medical and financial decisions on behalf of the rescue.</p> <p>First & Last Name: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>
<p>Billing Contact</p> <p>First & Last Name: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>	<p>Event Contact</p> <p>First & Last Name: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>

To prioritize the doctor's time for patient care, doctors will discuss the case with one person. We will contact the primary contact listed first. If that contact cannot be reached, we will contact the secondary contact listed above. **Please note, all medical records can be sent upon request to your rescue once completed.**

For patients that are unstable or require hospitalization, if the contacts listed above are not available, or are unable to make a timely decision:

You authorize euthanasia at the discretion of the doctor based on the prognosis and stability of the patient.

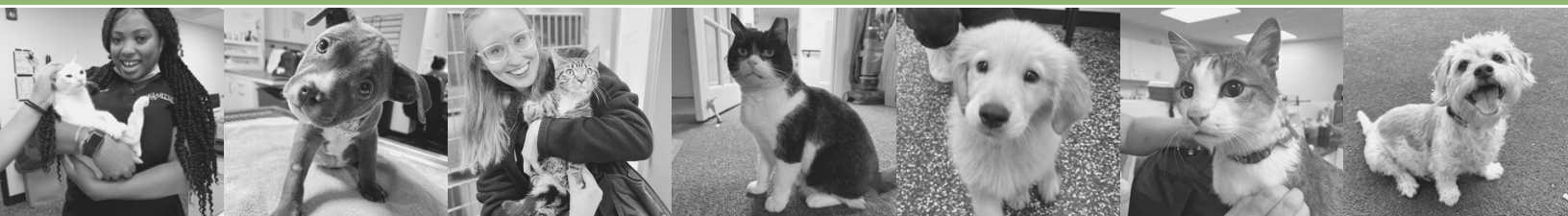
You authorize the transfer to the listed 24 Emergency Hospital by the foster/transporter:

Hospital Name: _____

Hospital Address: _____

Hospital Phone Number: _____

Please note: We will require that fosters/transporters complete our "Foster/Transporter Form" upon arrival for us to keep on file. This form serves to ensure that our doctors and medical staff can reach the individual(s) transporting and fostering the patient and does not give the individual(s) any rights to make financial or medical decisions on the rescue's behalf.



Rescue Care Form

Please complete this form in its entirety. Partial entries will not be accepted.

Special Instructions & Requests

Password: If you'd like to give fosters/transporters the ability to make appointments or coordinate bringing patients in for urgent care visits, please provide us with a password. Fosters will use this password when booking an appointment or coming in for urgent care. This will signal to the Art City Vets team that the rescue has already given approval for this visit and we will not need to contact you to confirm.

Password: _____

Please note: The password does not give the foster/transporter the ability to make medical or financial decisions on your organization's behalf.

Automatic Approvals: Please select from the list of services and procedures below if you elect that your organization will always approve these items and do not need to contact you for authorization for these items.

- IV Fluids
- Recommended Vaccinations
- Injectable nausea and pain management
- Induction of vomiting
- Labwork
- Radiographs
- Sedation
- Medications to go home.

If any of the above is anticipated to exceed: (circle one) \$300 \$500 \$800 \$1,000 please contact us.

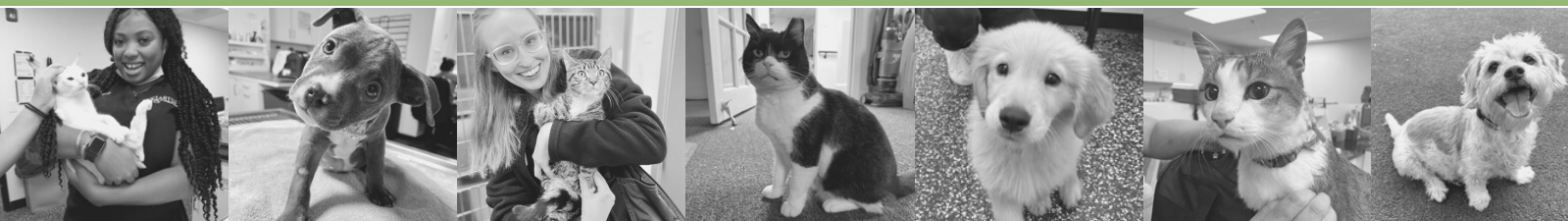
CPR/DNR Election (must select one)

CPR: I elect that, in the event of a situation where my pet begins to experience cardiac and/or pulmonary arrest, that the doctors and staff immediately begin to perform resuscitation efforts. Animals that have been successfully resuscitated are extremely critical and unstable. The likelihood of re-arrest is high and usually occurs within four hours of the initial arrest. I acknowledge that I will be responsible for any additional fees for these resuscitative attempts, which are incurred above any other estimates given and can vary from \$300-\$500 dollars. Additional care after the patient is resuscitated will incur additional charges.

DNR: I elect that, in the event of a situation where my pet begins to experience cardiac and/or pulmonary arrest, that the doctors and staff do not attempt any resuscitation (CPR) efforts. I acknowledge that if my pet stops breathing and/or their heart stops beating that my pet will die unless CPR is performed.

To help ensure the safety of our staff and comfort of our patients, please consider discussing gabapentin or trazodone with us via email or phone for animals that are anxious, stressed, or aggressive with handling. This may facilitate evaluation, diagnostics, and treatments, and can avoid costly and sometimes risky sedation.

If there is anything you would like us to know about your rescue or your adoptable pets, please tell us!



Financial Consent & Acknowledgement

I consent that I have read and understood this agreement and consent to following the requirements as outlined in this agreement. By signing this document, I am aware that I am responsible for any and all financial balances due and agree to provide payment for services received within 30 days from the date of service.

Print Name

Signature

Date

Credit Card Authorization

Art City Vets requires a credit card to be kept on file securely for your convenience.

Please complete the form below.

Card Type:

Visa

MasterCard

Discover

AMEX

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (MM/YYYY): _____ **CVV Code:** _____

Billing Address:

Address Line 1 _____

Address Line 2 _____

City _____ **State** _____ **Zip code** _____

I, _____, authorize Arty City Vets to charge this credit card above for agreed upon purchases.

I authorize Art City Vets to automatically charge this credit card on a weekly basis after invoices have been discounted.

