



# RESCUE AGREEMENT 2024

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 [rescues@artcityvets.com](mailto:rescues@artcityvets.com)  
along with your organization's 501c3 to begin receiving benefits.

## Contents

Art City Vets Locations, Rescue Hours, & Contacts ..... Page 1

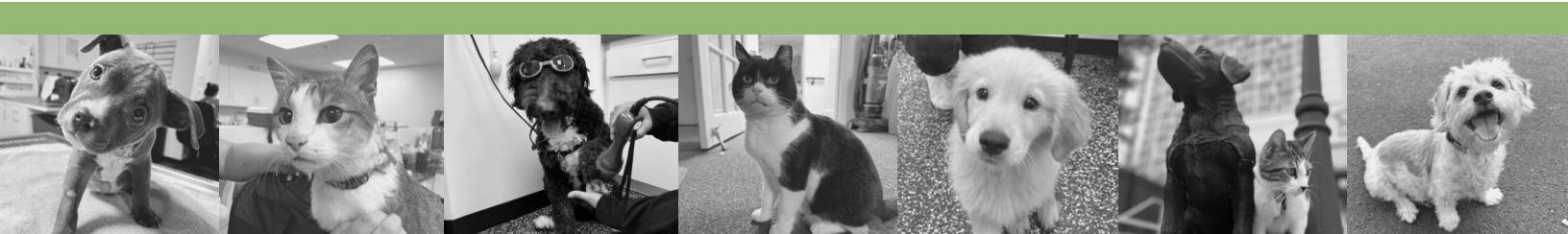
Program Information and Benefits ..... Page 2

Contact Form ..... Page 3

Care Form ..... Page 4

Financial Consent & Acknowledgement ..... Page 5

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 2024

## 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 accepts 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 patient care inquiries, records, scheduling, & urgent care needs.\*

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

\*For general inquiries, rescue billing, contact : rescues@artcityvets.com\*

### Aubrey Carpenter

Administrative Coordinator

### Abigail Pinello

Primary Contact  
Hospital Director

### Cassandra Ruiz

Marketing Director



## Program Information & Benefits

### Discounted Care

Our partner rescues receive an exclusive discount of 20% on most fees and services and medications (with some exceptions)

- 30% discount on exams fees for all scheduled appointments (Wellness, Sick, Recheck), and Urgent care visits that arrive within the preferred rescue hours.
- 100% discount on all cremation services (private and communal) for patients receiving end-of-life care at Art City Vets.
- Excluded prescription food, medical waste fee, and preventatives

### Spay & Neuter Program

Felines	Spay \$ 240	Neuter	\$165
Canines <50 pounds	Spay \$ 280	Neuter	\$ 220
Canines >50 pounds	Spay \$ 395	Neuter	\$ 330

The pricing mentioned covers the surgical procedure, both local and general anesthesia, pain management, and in-hospital pain medication. Medications before and after the surgery, including the cerenia injection, will be billed separately. These rates are applicable to stable, healthy ASA 1 or ASA 2 patients. Estimates will be given for patients at higher risk or those with more complex conditions, such as ASA 3. ASA 1 patients are not eligible for estimates; please refer to the pricing chart above.

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 vouchers, if applicable, should be handled by an authorized representative of the rescue. In cases where the rescue covers the Rescue Adopter's invoice, rescue discounts are not applicable, and payment is expected at the time of services rendered. We acknowledge the importance of the Veterinarian-Client-Patient Relationship (VCPR) in owned animal care, respecting owners' responsibilities. Therefore, all services and communication to clients must be settled at the time of service. Additional restrictions may apply. Please see the rescue voucher for further details.\*



## Program Information & Benefits Continued

### 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.

Art City Vets will randomly select a rescue each annual quarter to donate 50% of our merchandized sales, and 100% sales from t-shirt sold within that quarter. At the end of the period, a credit in that amount will be added to the rescues account to be used at their discretion. We also host annual holiday donation drives for participating rescues.

Interested in having Art City Vets host an adoption or fundraising event? We would be happy to host an event outside of our regular business hours. For more information regarding donations and events, please email Abigail Pinello at [apinello@artcityvets.com](mailto:apinello@artcityvets.com).

### 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. We wish to also share an adoptable pet each month on our social media accounts. Art City Vets will contact you to inquire about an adoptable you wish to highlight that month. Please contact Cassandra Ruiz at [cruiz@artcityvets.com](mailto: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><b>President</b>          First &amp; Last Name: _____           Phone Number: _____           Email: _____</p>	<p><b>Vice President</b>          First &amp; Last Name: _____           Phone Number: _____           Email: _____</p>
<p><b>Primary Contact</b>          Must be able to make medical and financial decisions on behalf of the rescue.          First &amp; Last Name: _____           Phone Number: _____           Email: _____</p>	<p><b>Secondary Contact</b>          Must be able to make medical and financial decisions on behalf of the rescue.          First &amp; Last Name: _____           Phone Number: _____           Email: _____</p>
<p><b>Billing Contact</b>          First &amp; Last Name: _____           Phone Number: _____           Email: _____</p>	<p><b>Event Contact</b>          First &amp; Last Name: _____           Phone Number: _____           Email: _____</p>

We will contact the primary contact listed first. If that person cannot be reached, we will contact the secondary contact listed.

**Please note, all medical records can be sent upon request to your rescue once completed.**

**If the individuals listed above cannot be reached or are unable to make a prompt decision for patients who are unstable or in need of hospitalization, please indicate by checking the appropriate option below: (Check one)**

- You authorize euthanasia at the discretion of the doctor based on the prognosis and stability of the patient
- You authorize transfer to the 24 Emergency Hospital listed below 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.

### Behavioral management

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.

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

- Parvo, Felv/FIV Snap Test
- BG, ketones
- IV fluids or IV stabilization
- Oxygen therapy
- Imaging for unstable patients (A FAST, T FAST, radiographs)
- Injectable nausea and injectable pain management
- Induction of vomiting

### 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.



## 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. You can request invoices or access them through the pet portal as needed.

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**Print Name**

**Signature**

**Date**

### Payment Authorization

Art City Vets requires a form of payment to be kept on file securely for your convenience.

Please check off one option below and fill in the payment method.

**Credit Card (3% Surcharge applicable)**

Card Type: **Visa**  **MasterCard**  **Discover**  **AMEX**

Cardholder Name (as shown on card): \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration Date (MM/ YYYY): \_\_\_\_\_ CVV code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**ACH (Banking account)**

Please select account : \_\_\_\_\_ PPD (Consumer account) \_\_\_\_\_ CCD (Business account)

Account type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Name on Account: \_\_\_\_\_

Bank account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank City, State: \_\_\_\_\_

Billing Email Address: \_\_\_\_\_

I, \_\_\_\_\_, authorize Art City Vets to charge this payment above for agreed upon purchases.

I grant permission for Art City Vets to automatically process weekly credit card charges following the application of discounts to the invoices. Additionally, I understand that 3% surcharge will be applied on Credit Card transaction. If ACH payment is rejected due to Non Sufficient Funds, I understand that Art City Vets may attempt to process the transaction again within 30 days, and I agree to an additional \$25 charge for each attempt that is returned due to NSF, which will be initiated as a separate transaction from the authorized payment.