



## Rescue Agreement 2022

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](mailto:info@artcityvets.com) along with your organizations 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.*

## Locations



Our main Art City Vets & Urgent Care practice which offers walk-in urgent care service is located at,

2001 Hamilton Street  
CU 1  
Philadelphia, PA 19130  
215- 563- 8387  
info@artcityvets.com




Our Art City Vets Wellness practice which provides wellness services (scheduled appointments only) is located across the street from our Urgent Care facility at,

2000 Hamilton Street  
Unit 109  
Philadelphia, PA 19130  
215- 563- 8387  
info@artcityvets.com

## Hours

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

 **Monday through 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*  
215- 563- 8387  
apinello@artcityvets.com



**Katerri Riggio**  
*Social Media*  
215-563-8387  
kriggio@artcityvets.com

## Program Information & Benefits

### Discounted Care

- 🐾 Scheduled Sick Exams \$42 (*normal fee - \$75*)
- 🐾 Urgent Care/Walk-In Exams (Monday – Friday) \$66 (*normal fee - \$99*)
- 🐾 Urgent Care/Walk-In Exams (Saturday & Sunday) \$82 (*normal fee - \$115*)

🐾 *20% Rescue Discount on all other services, labs, and medications!*

### Spay & Neuter Program

🐾 Felines	Spay \$ 200	Neuter	\$150
🐾 Canines <50 pounds	Spay \$ 250	Neuter	\$ 200
🐾 Canines >50 pounds	Spay \$ 350	Neuter	\$ 300

🐾 *The above pricing includes day hospitalization, surgical procedure, pain medications, e-collar, 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 on these services. We recommend pre-operative lab work in all surgical patients if possible.*

### Rescue Adopter Credit

🐾 \$25 off an 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!

🐾 \$25 off any new client'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 that are in need of 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 annual a donation drive. Please contact Abigail Pinello at [apinello@artcityvets.com](mailto: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 Katerri Riggio at [kriggio@artcityvets.com](mailto:kriggio@artcityvets.com) for further information. *Art City Vets reserves the right to determine what content will be shared on their accounts.*

## Contact Form

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

### Rescue Contacts

#### President

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

#### Vice President

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

#### Primary Contact

*This contact must be able to make medical and financial decisions on behalf of the rescue.*

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

#### Secondary Contact


*This contact must be able to make medical and financial decisions on behalf of the rescue.*



First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

 To prioritize doctor 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.***

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

***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.

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Print Name

Signature

Date

# Care Form

## Special Instructions & Requests



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: \_\_\_\_\_



If there are any services such as fluids, vaccines, medication, etc. that your rescue will *always* approve and do not need Art City Vets to contact you for authorization please include them bellow.

 \_\_\_\_\_

 \_\_\_\_\_

 \_\_\_\_\_

 \_\_\_\_\_

 \_\_\_\_\_

 \_\_\_\_\_



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 below!

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name

Signature

Date

## 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** *(optional)*



If elected, Art City Vets will keep your credit card securely on file for your convenience. If you would like us to do so, please complete the form below.

#### Credit Card Information

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

Print Name

agreed upon purchases.

Please Select One:

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

Please contact our Primary Contact weekly before processing payments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date