



Transportation Consent Form

Client Details	Patient Details
Your (Owner's) Full Name:	Name:
Your Phone Number:	Species:
	Stable to Transport:
	Vet Name/ Signature:
Your Address:	Breed:
Pickup/Drop off Address:	Age:
Date of Pickup/Drop off:	Sex:
	Weight:

****This form must be signed by you. By signing this form, this signifies that you have read, consent and agree to be bound by it. You further confirm that you are the owner, or the agent for the owner, of the patient and have the authority to sign this form****

Consent & Authority

1. You consent, acknowledge and agree to the following:
 - 1.1. That you consent and authorise the transportation to and/or from the addresses at the top of this form, on the dates at the top of this form (the **Services**).
 - 1.2. That the patient will be picked up by a representative of VSOS (the **Driver**).
 - 1.3. Where applicable, you have been given a cost estimate, either in writing or verbally for the Services and acknowledge that the Services are separate to consultation and treatment fees.
 - 1.4. That VSOS has explained that there are certain inherent and potential risks associated with the Services, including death of the patient. Proceeding with the Services is at your own risk.
 - 1.5. You understand that the Services do not operate like an ambulance. The Driver is not equipped to provide emergency treatment and/or life-saving support during transportation, such as CPR. Further, the Driver will not provide supportive care for the patient.
 - 1.6. That your usual/primary veterinarian has verified at the top of this form that the patient is stable for transportation and the Services. Should the patient decline during the Services, you indemnify and release VSOS, its owners, employees and agents from and against all actions, proceedings, claims, demands, costs, losses, damages and expenses (including reasonable legal costs and expenses) concerning the decline in the patient's medical condition.
 - 1.7. That during the performance of the Services, if the vehicle/Driver is involved in a motor vehicle collision/accident (whether the Driver is at fault or not) you acknowledge that this is unforeseen, is outside the control of VSOS and VSOS is not responsible for any injuries sustained by the patient. You indemnify and release VSOS, its owners, employees and agents from and against all actions, proceedings, claims, demands, costs, losses, damages and expenses (including reasonable legal costs and expenses) concerning any injuries sustained by the patient in these circumstances.
 - 1.8. You further understand that the patient may sustain injuries from vehicle operations, the boarding and exiting of the vehicle. Every animal is different and you understand that they are unpredictable. You therefore you indemnify and release VSOS, its owners, employees and agents from and against all actions, proceedings, claims, demands, costs, losses, damages and expenses (including reasonable legal costs and expenses) concerning any injuries sustained by the patient.
 - 1.9. That VSOS has explained that for the patient's own safety, the patient will be transported in a carrier, unless he/she is too large, in which he/she will be restrained via other appropriate means chosen by the Driver.



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- 1.10. That the Driver will take all precautions to prevent the patient from running away from vehicles or property, however, you understand that animals are unpredictable. You indemnify and release VSOS, its owners, employees and agents from and against all actions, proceedings, claims, demands, costs, losses, damages and expenses (including reasonable legal costs and expenses) concerning any injuries sustained by the patient in these circumstances.
- 1.11. That if the patient is aggressive, uncooperative and/or refuses to be loaded into the vehicle, VSOS have the explicit right to refuse the Services.
- 1.12. You indemnify VSOS from and against all actions, proceedings, claims, demands, costs, losses, damages and expenses (including reasonable legal costs and expenses) that you may have in relation to the Services arising out of or in connection with your breach/non-compliance of this clause 1.

2. Fees

- 2.1. If fees are applicable for the Services, VSOS will inform you of the cost estimate.
- 2.2. Payment will then be due and payable upon VSOS issuing you with a tax invoice.
- 2.3. You further acknowledge and agree that payment of any fees is not contingent on whether you perceive the Services to be helpful or not.
- 2.4. Interest on any overdue fees will accrue from the date when payment becomes due until the date payment is received by VSOS, at a rate of \$250.00 (two hundred and fifty dollars) per week.
- 2.5. You indemnify VSOS from and against all actions, proceedings, claims, demands, costs, losses, damages and expenses (including reasonable legal costs and expenses) suffered or incurred by VSOS arising out of or in connection with the default in payment of the fees by you.

3. Cancellation

- 3.1. You will be charged a cancellation fee if you decide to postpone, cancel and/or reschedule the Services after the Driver has departed in the patient transport service.

I, _____ hereby acknowledge and agree that I have read and consent to the contents of this form. I have also answered all questions factually.

Signature:

Date: