



Patient Name _____

Owner's Name _____

Transportation Consent

Name of Veterinary practice _____

Return location _____

Invoice: Client Referring Practice

I, the undersigned owner or authorized agent of the above named pet, desire to have my pet transported to and from Vet Imaging Partners. Thus, consent to have the above named pet transported to Vet Imaging Partners and back to noted location.

I have been advised by staff that the vehicle used is not an ambulance, and is not equipped to provide supportive care for the above named pet. The driver will not provide supportive care for the above named pet during this travel time.

I have been advised and consent to the fact that the above named pet will be transported in a cage, unless he or she is too large, in which case he/she will be restrained via other appropriate means. I accept that the above named pet may be transported with other animals in the vehicle (each in individual cages or separately restrained).

I understand the major risks and potential complications associated with transporting the above named pet, including the risk of death. I understand that great care will be taken during the above named pets transport.

I HERBY ACCEPT THAT THE TRANSPORTATION OF MY PET TO AND/OR FROM VET IMAGING FACILITY WILL BE AT MY OWN RISK. I AGREE TO HOLD THIS FACILITY AND ITS EMPLOYEES AND AGENTS HARMLESS FROM ANY AND ALL INJURIES OR MEDICAL DETERIORATION THAT MIGHT OCCUR DURING THIS TRANSPORTATION.

Signature of Owner

Date

Witness

Date

I HEREBY ACKNOWLEDGE AND ACCEPT THAT THE OWNER OF THE ABOVE NAMED PET HAS NAMED ME AS THE AUTHORIZED AGENT. I ACKNOWLEDGE THAT I ACCEPT FULL RESPONSIBILITY FOR COMPLETING THIS FORM AND AUTHORIZING TRANSPORTATION.

Signature of Authorized Agent

Date

Witness

Date

50 Three Tun Road, Malvern, PA 19355
877 Dog Scan (877 364 7226) Fax: 484 568 4179
www.vetimagingpartners.com