



THE WALKING DOG NC, LLC.
507 THORNGATE RD. APEX NC 27502
919.815.3042

PET TRANSPORTATION WAIVER

Client Name:

Address:

Phone: _____ Email: _____

Patient Name(s):

Species:

Emergency

Contact: _____ Phone: _____

Referred by: (Name Dr. or Institution)

Directives from

Doctor: _____

Reason for Transfer:

Patient History or Other Important Information:

Destination of Pet:

Return Service Requested:

Address:

Pre-Approved Amount of Service: \$ _____

TERMS OF AGREEMENT:

This signed document is an agreement between The Walking Dog NC, LLC and _____ (Client) for the transfer of the above patient(s) to the named destination.

The Walking Dog NC, LLC REPRESENTATIONS: The Walking Dog NC, LLC shall use reasonable efforts to provide the service(s) requested by the Client for the patient and shall exercise reasonable care and judgment when transporting the pet and with related activities.

The Walking Dog NC, LLC shall undertake reasonable efforts to reach the Client and/or emergency contact(s) should the patient's symptoms become worse or require additional services.

The Pet will be transported to the facility named below for emergency or specialty care and released to that facility. The Walking Dog NC, LLC will complete the transfer forms as well as set the maximum amount of fees for care that they can perform. If more care is needed which requires additional funds, the facility will notify the Client for consent or other directives for the patient.

The patient will not be released upon check-out to any individual other than the Client. The Walking Dog NC, LLC can transport the patient back to the home or to another veterinary facility at the request of the Client. Additional fees may apply but this agreement shall remain in force during that transport.

CLIENT REPRESENTATIONS AND ASSUMPTION OF RISK:

The Client agrees to pay all costs and charges for the services provided by The Walking Dog NC, LLC for the patient during the time the patient is in the care of The Walking Dog NC, LLC including those requested by the Client.

The Client acknowledges that there are inherent risks of illness, injury, and death associated with medical transport, including risks associated with driving, and that the patient may become worse or die while in medical transport and/or the stresses related to medical transport.

I EXPRESSLY AGREE AND PROMISE TO ACCEPT AND ASSUME ALL RISKS RELATED IN ANY WAY TO THE MEDICAL TRANSPORT OF MY PET AND RELATED CARE AND ACTIVITIES. MY AGREEMENT TO TRANSFER MY PET WITH The Walking Dog NC, LLC IS PURELY VOLUNTARY, AND I ELECT TO BOARD/ TRANSPORT MY PET WITH The Walking Dog NC, LLC IN SPITE OF THE RISKS.

Client Signature _____

Date _____

The Walking Dog NC, LLC Signature _____

Date _____