



## CLIENT INFORMATION FORM

This agreement, dated \_\_\_\_\_ is made between AmbuVet LLC whose address is 34-49 81<sup>st</sup> Street Jackson Heights, NY 11372, referred to as “AmbuVet” and the client.

*Please fill out the following:*

Owner's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street: \_\_\_\_\_ Apt#: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Pet's Regular Veterinarian: \_\_\_\_\_

How did you select our service? \_\_\_\_\_

Payment is expected when services are rendered. Please check your preferred method of payment:

CASH \_\_\_\_\_ MONEY ORDER \_\_\_\_\_ AMEX \_\_\_\_\_ VISA \_\_\_\_\_ MC \_\_\_\_\_ DISC \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Current Employer: \_\_\_\_\_

**PLEASE NOTE: PERSONAL CHECKS ARE NOT ACCEPTED.**

### PET INFORMATION FORM

Pet's Name: \_\_\_\_\_

Species: DOG \_\_\_\_\_ CAT \_\_\_\_\_ BIRD \_\_\_\_\_ OTHER \_\_\_\_\_

Sex: \_\_\_\_\_ Neutered: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

How Old? \_\_\_\_\_

Has your pet been vaccinated? \_\_\_\_\_ Date of Vaccination? \_\_\_\_\_

Any pre-existing medical conditions or allergies? \_\_\_\_\_

Reason for your call today? \_\_\_\_\_

**FEES: PAYMENT IS DUE WHEN SERVICES ARE RENDERED. QUOTED FEES ARE FOR ONE WAY PET TRANSPORT ONLY. ROUND TRIP FARES ARE SEPARATE AND ADDITIONAL. AMBUVET CHARGES A MINIMUM FLAT FEE REGARDLESS OF THE TIME SPENT OR DISTANCE TRAVELED DURING TRANSPORT.**



**TRANSPORT:** I \_\_\_\_\_ have read, understand and agree that the promised service to be provided by AmbuVet is as follows:

From: \_\_\_\_\_

To: \_\_\_\_\_

- One Way Transport (curbside pickup & transport of leashed or caged animal) \$195.00
- Additional Fees
  - Up to 60 LBS or requiring 1 person handler's assistance \$100.00
  - 61 – 100 LBS or requiring 2 person handler's assistance \$130.00
  - 101 – 120 LBS or requiring Licensed Vet Tech Team \$150.00
  - 121 LBS & Up \_\_\_\_\_
- Additional Services \_\_\_\_\_
- Round Trip Transport Requested \_\_\_\_\_
- TOTAL \_\_\_\_\_

You, the client understand, agree and affirm that the above information must and is accurate in that it may be relied on by AmbuVet, it's employees, agents and veterinary professionals in the treatment of the above mentioned pet or animal

Initial: \_\_\_\_\_

You, the client, authorize AmbuVet to transport the above-mentioned pet or animal and to use all reasonable precautions against injury, escape or death, and You, the client, release and hold harmless AmbuVet, it's employees and agents for any injury, escape or death.

Initial: \_\_\_\_\_

You accept full and complete responsibility for any errors or omissions and hold harmless AmbuVet, it's employees, and agents for any errors or omissions arising before, during or after the transport of the above mentioned pet or animal.

Initial: \_\_\_\_\_

You, the client do hereby remise, release, acquit, satisfy, and forever discharge AmbuVet, it's employees or agents of and from all manner of action(s), cause(s) of action, suits, debts, sums of money, accounts, controversies, agreements, promises, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which You shall or may have, by reason of any matter or cause.

Initial: \_\_\_\_\_

You, the client understand and agree that AmbuVet LLC provides pet transportation only and does not provide any medical or veterinary treatment, diagnosis, medication or prescriptions of any kind. Upon request by You, the client, veterinary professionals are available for an additional fee to accompany the above mentioned pet or animal during transit to provide any medical or veterinary assistance.

Initial: \_\_\_\_\_

**After carefully reading the above, I have signed in agreement.**

**DATE:**

**Received:** \_\_\_\_\_

**DATE:** \_\_\_\_\_