

Westchester Mobile Veterinary Service, PLLC (WMVS) POLICY

New clients must fill out a REGISTRATION FORM and sign an AUTHORIZATION and AGENCY DECLARATION and CONSENT TO TREATMENT AND WAIVER OF LIABILITY for each pet.

A FIFTEEN (15) minute WAIT TIME is built in to each visit. If pet is not presented for exam within that time period,(from start time of scheduled appointment) or if an authorized individual is not present, the house call fee will be charged to the owner. Cancellations must be made no less than 24 hours prior to scheduled visit to avoid being charged for a house call fee.

WMVS or its agents will not be held responsible for any damage to personal belongings/furniture/carpeting/ other valuables, other pets or persons. Please clear the examination area of valuable items, clutter and children/people. A well-lit sparsely furnished room with a tile floor, ideally a bathroom, is best.

WMVS is not a full service veterinary clinic, so we recommend that a report is kept with a veterinarian at a clinic or hospital for your pet's primary care. We do not provide emergency or after hours service and staff may not be available by phone/text/email 24/7. In case of an EMERGENCY or if hospitalization or further diagnostics/treatments are necessary, your pet will be referred to area specialty or veterinary hospitals or back to your primary care veterinarian. Pets may also be referred back to their primary care veterinarian should dental or surgical procedures, imaging studies or for any reason deemed necessary by WMVS agents/ Dr. Sonja M. Ghersini. A current physical examination (under 12 months) is required to maintain legal doctor/patient relationship, If there is any change in health status or a new health problem arises, an updated physical exam will be required to make appropriate medical recommendations. ALL PETS must be current on Rabies vaccination in accordance with New York State Law. In some cases, a waiver can be obtained by NYS.

AUTHORIZATION and AGENCY DECLARATION: By signing this consent form, I do hereby voluntarily give permission for my pet(s) to be treated by Dr. Sonja M. Ghersini, WMVS agents, subcontractors and assistants. I have read and agree to Westchester Mobile Veterinary Service, PLLC (WMVS) policy and I am over the age of 18 and hereby authorize services to be provided for my pet _____ (pet's name) as required for maintaining proper health. If I am unable to be contacted, I further authorize such emergency treatment deemed essential by WMVS, Dr Sonja M. Ghersini and WMVS agents to save my pet's life unless specifically instructed otherwise. I understand that all reasonable precautions will be taken against injury, escape, or death of my pet or damages to other pets or persons and that WMVS or its staff will not be held liable or responsible in any matter therewith as it is thoroughly understood that I have been explained the risks and assume all risks. I also understand that all fees are due and payable when services are rendered, and that I am responsible for any charges incurred because of returned checks or through collection efforts including attorney fees. The signer agrees to take financial responsibility (to 'hold harmless' the veterinarian) in event the doctor suffers damages due to treatment that was fraudulently or improperly authorized by the signer and/or an individual authorized by the signer. As the signer, I state that I have the authority to authorize exams, vaccines, procedures, diagnostics, treatments and euthanasia.

In addition to myself, I authorize _____ (name of person 18 years and older) to present my pet for exam/vaccines/treatments/procedures/diagnostics/euthanasia in the future.

Signature _____ Date _____ Printed Name _____
