

The Animal Health Organization **Non-Profit Partnership**

The Animal Health Organization (TAHO)
7206 Gooding Blvd, Delaware, OH 43015
(740) 549-1950
Contact@AnimalHealth.us

www.AnimalHealth.us
www.Facebook.com/TheAnimalHealthOrganization

The Animal Health Organization offers exclusive partnerships to reputable nonprofit animal rescue groups and shelters that not only benefit the organization, but will have a positive impact on the animals in their care.

Benefits of TAHO Partnership

Exclusive Medical Prices:

- Comprehensive Physical Exam - \$20
- Rabies Vaccinations - \$10
- DHLPP (canine) - \$12
- Bordetella (canine) - \$12
- FVRCP (feline) - \$12
- FeLV (feline) - \$12
- Microscopic Fecal Analysis - \$10
- Heartworm Testing (canine) - \$20
- FeLV/FIV/HWA Testing (feline) - 25
- Microchipping - \$20
- Implanted MC supplied by partner - \$5

*Medications and preventatives will be provided at discounted rates. Due to the number of medications available, we cannot provide a list of all costs.

Exclusive Surgical Prices

- Canine Spay - \$75
- Canine Neuter - \$65
- Feline Spay - \$50
- Feline Neuter - \$40
- Hernia Repair - \$25
- Senior Charges (including IV Catheter and Fluids) - \$20
- Dental Cleaning (dependent on grade of dental disease and excluding extractions) - \$165-\$210

*Other surgical procedures will be provided at a discounted rate. Estimated costs can be provided prior to surgery.

VIP Scheduling

At TAHO, we realize how important and time sensitive scheduling surgical procedures are for our rescue partners. Our VIP scheduling allows for quick and easy scheduling by reserving a number of available slots specifically for our partners.

Marketing Partnerships

Our rescue partners will be listed on our organization's website as a partnering organization and will receive periodic acknowledgements on our social media accounts.

TAHO is active within our communities. As we attend public events, festivals, and host community clinics, we will ask one or two of our rescue partners to join us each time to help market their organization and promote adoptable pets.

Use of TAHO facilities

Upon request, TAHO may permit our partnering organizations to utilize space in our hospital for planned adoption events or to host events during weekends. During our hosted vaccination clinics, one or two rescue organizations will be permitted to attend with adoptable pets.

On an ongoing basis, our rescue partners are permitted to utilize our Consultation Room as a meeting place for various occasions, including meet-and-greets for potential foster and/or adoptive families.

Application Information and Instruction

Qualified rescue organizations (whose dedicated purpose and goal is to rescue animals) that wish to partner with The Animal Health Organization must first review and complete the forms included in this packet.

The Animal Health Organization has strict standards in regards to the medical care and service we provide. Prior to filling out the application, organizational leaders should acknowledge and agree to the Rescue Partnership Agreement.

Rescue partners must read, acknowledge, and agree to the terms and conditions. The terms and conditions will be discussed in detail during the onboarding process with TAHO's executive director.

TAHO reserves the right to prohibit or deny services to any rescue organization. If suspected of abusing the program, or is believed to be out of compliance with the partnership agreement and terms, TAHO may temporarily suspend the business relationship for a specific period of time or may terminate the relationship indefinitely.

Application Checklist:

- Review, Acknowledge, and Agree to Partnership Agreement .
- Complete Application for Partnership.
- Review, Acknowledge, and Agree to Terms and Conditions.
- Attach copy of 501(c)(3) non-profit registration/designation.
- Attach up-to-date copy of organizational by-laws.
- Attach up-to-date list of organization's officers/board of directors.
- Attach up-to-date list of individuals authorized to make financial and medical decisions on behalf of the organization.
- Submit application: Applications may be emailed or faxed for review/approval purposes; however, once approved the original copy must be submitted in person or via mail and signed for approval by TAHO's executive director.

Email To: Myke@AnimalHealth.us

Fax To: (740) 549-1945

Mail To: Non-Profit Partnership
The Animal Health Organization
7206 Gooding Blvd
Delaware, OH 43015

Rescue Partnership Agreement

1. Organizations that wish to partner with TAHO must continually be registered as a 501c3 nonprofit with the IRS.
2. A completed and approved rescue partnership application must be on file, and organizational leaders must meet with TAHO's executive director prior to utilizing partnership services.
3. Rescue partners must sign in acknowledgement/agreement the Terms and Conditions. Partnering organizations must continually comply with these terms and conditions.
4. Rescue partners must supply a comprehensive list of individuals authorized to make financial and/or medical decisions on behalf of the organizations.
5. TAHO must be notified immediately of any changes in the rescue partner organization, such as: changes in address; principle/officer changes; contact information (phone numbers, email address); organizational representatives authorized to make financial and medical decisions; billing information. A new agreement may be required to provide accurate and up-to-date information.
6. All rescue partner applications will be reevaluated and renewed annually.
7. Rescue partners must commit to financially providing veterinary medical care that the veterinarian deems necessary.
8. Partnering organizations are not permitted to carry an ongoing/running balance beyond a one-week period. A weekly invoice will be submitted for payment and payment in full must be received within a one week period. Late fees and processing fees will be assessed on all invoices after 15 days, and every 15 days thereafter. These fees will not be waived and are the responsibility of the organization. Rescue partners should indicate their billing preference on the application and should be discussed during the onboarding process. Failure to finalize and bring the balance to zero each week will result in automatic suspension of the organization's account and no patients will be admitted through the program until balance is paid in full. After three temporary suspensions the partnership will automatically be canceled. Organizations with a canceled partnership will still be permitted to utilize TAHO services once their balance is paid in full; however, these organizations will not receive NPP/special pricing or scheduling benefits and will be responsible for full costs of all products and services and payment is due at patient discharge. Partnering organizations that have lost partnership status will not be eligible to reapply for partnership for a period of one year.
9. Rescue partners are expected to list TAHO on social media and organizational websites as a partnering organization and/or veterinary provider.
10. Families of adopted pets that have received medical or surgical care are required to receive information on TAHO at the time of adoption.
11. Rescue organizations who wish to partner must commit to utilizing our services on a regular basis - we do not accept partnerships with organizations who are looking to utilize our discounts only once or a handful of times. Partnerships are for organizations expecting to have an ongoing relationship with TAHO. Partnerships can and will be terminated if there are prolonged periods of time in which the account is inactive.
12. Special partner prices and discounts are for animals currently in the rescue organizations programs and are going to be adopted out. In the event a rescue is found to be utilizing the partnership pricing/services for friends, family, or publicly owned pets the partnership will be immediately terminated.
13. TAHO reserves the right to prohibit or deny services to any rescue organization. If TAHO suspects a rescue of abusing the program, or believes the rescue to be out of compliance with the partnership agreement, terms, and conditions, the organization may suspend the business relationship for a specific period of time or may terminate the relationship indefinitely.

Acknowledgement of Partnership Agreement

I have read, understand, and agree to the requirements contained within this agreement. I understand that failure to comply may result in the termination of the partnership.

This section serves as a summary only. The Terms and Conditions portion of this packet must also be signed and abided by to remain an approved rescue partner.

Organization Name: _____

Signature of Authorized Representative: _____

Printed Name and Title: _____ Date: _____

Application for Rescue Partnership

Organization Name: _____

Organization Address: _____

Organization Phone Number: _____

Organization Email: _____

Organization's Website: _____

EIN/TIN: _____

Primary Contact Name: _____ **Title:** _____

Phone: _____ **Email:** _____

Secondary Contact Name: _____ **Title:** _____

Phone: _____ **Email:** _____

Please List Individuals Who Are Authorized To Make Financial and/or Medical Decisions:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

What animals will your rescue provide services for:

☐ Dogs ☐ Cats ☐ Birds ☐ Exotics (please specify): _____

Please indicate which services your organization plans to utilize:

☐ Spay / Neuter ☐ Wellness (Vaccination/Exam) ☐ Urgent Care
☐ Emergency Care ☐ Surgery ☐ Hospitalization
☐ Dentistry ☐ Consult Room Use ☐ Adoption Event
☐ Event/Festival

Will TAHO be your organization's primary veterinarian?

☐ Yes ☐ No

Does your organization utilize a Voucher Program?

☐ Yes ☐ No

Please indicate how your organization plans to handle billing

☐ CC on File - Payment made after each invoice by individual picking up patient(s)
☐ CC on File - Payment made at the end of each day by individual picking up patient(s)
☐ CC on File - Payment made at the end of each week
☐ Payment sent via check each week.
☐ Payment called in each day ☐ Payment called in each week
☐ Request Other: _____

(TAHO will not permit a running balance beyond a one week period - failure to finalize total amount owed each week will result in suspension/termination of this agreement/partnership)

Does your organization utilize a housing facility, boarding facility, or shelter?

☐ Yes ☐ No

If Yes to the above, Please provide the address: _____

Does your organization utilize foster homes? ☐ Yes ☐ No

Are foster parents able to authorize additional services? ☐ Yes ☐ No

Terms and Conditions

Qualifications

Rescue partners must maintain tax exempt status specific to being an animal rescue organization and having all appropriate licenses and registrations required by the Ohio Department of Agriculture, the Ohio Department of State Division of Corporations, Ohio Department of Taxation, and any other federal, state, or local agencies.

Rescue partners must continually comply with the terms and conditions listed herein.

Organization Records

Rescue partners must continually supply up to date organizational information to TAHO. TAHO must be notified immediately of any changes in address, principal/officer changes, contact information, organization representatives authorized to make financial and medical decisions, or changes in billing information.

Authorized Representatives

Partnering organizations are required to supply TAHO's executive director with an up-to-date list of individuals who are authorized to make financial and medical decisions on behalf of the rescue organization. TAHO's executive director should be notified immediately, and in writing, when a new individual is added or removed from the list of authorized users.

TAHO will not perform services requested by unauthorized individuals unless that individual agrees to cover any fees associated with the unauthorized requests.

TAHO team members will not attempt to manage a partnering organization's outside communications. Organizations should send only those authorized to make financial and medical decisions for the animal being admitted, unless arrangements/authorizations were made in advance. TeamTAHO will not attempt to call the partnering organization if the requested services/procedures are not clear and will not be responsible for missed procedures/services due to miscommunication from the partnering organization.

Terms

TAHO reserves the right to make changes to the Rescue Partnership Terms and Conditions as needed in order to continually provide the best care and support to our rescue partners. No modification, amendment, or alteration in the terms or conditions contained herein shall be effective unless contained in a written document prepared by TAHO and executed by TAHO and the Rescue Partner.

Partner applications and terms and conditions shall be reviewed and re-evaluated on an annual basis. Any changes in the rescue partner's organization should be immediately submitted to TAHO.

Standards of Care

TAHO has strict standards in regards to the medical care and service we provide. Partnering organizations must respect the knowledge and experience of our team members and our standards of care. Partnering organizations must commit to financially providing medical care that the veterinarian believes to be necessary. TAHO will utilize *Against Medical Advice* forms for services that are declined against the veterinarian's best judgment.

Frequent or continued failure to approve and provide the medical/surgical care that our veterinarians recommend and deem to be required will result in termination of this agreement.

As part of TAHO's standards of care, in attempt to prevent the spread of contagious disease, we ask that any patients showing signs of upper respiratory disease (ex: kennel cough, canine flu, etc) or CPV (vomiting, diarrhea, anorexia, lethargy) be left in the car until a team member can direct the individual and patient to an isolated area.

TAHO will not attempt to manage any partnering organization's business at any time. This means:

- TAHO professionals will not call fosters or multiple organizational contacts with patient information, lab results, etc. We will contact one individual listed on our responsible contact list and they will be responsible for communicating with their organization's members, fosters, adopters, etc.
 - This applies even to animals who have been adopted but remain under the organization for payment of services. The partnering organization is responsible for communicating this with their adopters and must relay that the organization still holds the authorization/responsibility for patient care. In the event the adopter does not agree, the adopter will need to schedule themselves, pay full public prices, and they may work finances out with the partnering organization separately as that does not involve TAHO.
- TAHO professionals will not be responsible for managing inadequate patient information supplied by partnering organizations. Providing multiple and unlabeled patients and/or inadequate/incomplete patient information (colors/markings/sex/etc) will result in patients being denied for service and appointments canceled (at rescues cost) and required to reschedule once the information is complete and organized. If the team is required to "piece the puzzle together" and try to figure out who is who there will be fees associated to cover the valuable time spent/wasted on trying to figure out who is who.
 - This has and does happen frequently and results in TAHO team members spending far too much valuable time trying to triage and determine who is who based on descriptions in our records. Our team members will no longer be doing this. It is a waste of time and it jeopardizes the quality of medical care we can provide and mixes up medical records. We expect patients to be accurately labeled

Special Pricing For Rescue Partners

Rescue partners will receive discounted services and products for animals currently in their programs. These fees are strictly offered to our partnering organizations and should not be advertised to the public. Rescue partners are not permitted to utilize these discounted fees for personal pets or for pets belonging to family members, friends, private owners, or other organizations. If an animal is discovered to be already spayed or neutered after already being anesthetized for the procedure, a \$45 fee will be charged to cover the costs associated with anesthesia.

Vaccinations

All animals receiving medical or surgical care with TAHO are required to receive a Rabies Vaccination if not current, pursuant to county/state laws and organizational standards. If an animal bites any person, the partnering organization will be required to quarantine the animal for the required ten days, as stated by Ohio law. TAHO will not be responsible for any complications that may arise from exposure to contagious diseases and parasites for which an animal was not previously and properly vaccinated/protected against.

Marketing

As part of the relationship between the partnering organization and TAHO, both parties are required to list the other as a partnering organization and/or veterinary provider on their organization's website and social media. Partnering organizations are expected to support the mission and efforts of TAHO. We encourage periodic social media posts and "check-ins" when visiting our hospital. TAHO will periodically ask for permission to post pictures, information, and success stories to our social media and include your organization in the post.

Rescue partners are expected to include information regarding TAHO's services in adoption packets of all animals that have received medical or surgical care through our hospital. These supplies will be supplied by TAHO and can include business cards, brochures, etc.

Use of TAHO Facilities

Rescue partners are permitted to use the *consult room* in TAHO's hospital for organizational needs, including: meet-and-greets, adoption and foster interviews, animal pick up and drop off point, etc). Use of this space is only permitted during normal business hours unless otherwise approved by TAHO's executive director. Use of this space is not permitted during surgery check-in/admit (7am-9am).

Rescue partners may periodically be permitted to utilize TAHO's facilities for exclusive adoption events. These events must be discussed, approved, and scheduled in advance.

Partnering organizations are permitted to attend our monthly vaccination clinics with adoptable animals. During these times, organizations may utilize the feline waiting area, canine ward, and/or consult room to house adoptable dogs and information regarding the rescue during clinic hours. When in attendance, rescue partners are expected to help market the vaccination clinic and adoption event.

Use of TAHO facilities require that all pets participating be fully vaccinated and in good health. Rescue partners are responsible for organizing and cleaning the areas after each use. Failure to comply with these standards/expectations may result in the partnering rescue losing facility privileges.

Billing

TAHO does not permit partnering organizations to carry an ongoing balance on their account beyond a one week period. Preferred payment method should be selected on the application and discussed during the onboarding process. At the latest, weekly invoices can be submitted (at the close of business Friday) for payment and payment must be received in full by the following week. Late fees, processing fees, and finance charges will be assessed on all invoices after 15 days, and every 30 days thereafter.

Failure to settle outstanding balances prior to the close of business on the Friday of the following week will result in the account being suspended until the account is paid in full. TAHO will operate a strict policy as it pertains to this issue: If issues occur a second time we will no longer accept cash/check and will require a card be placed on file to be run at the end of each week. Should the issue occur a third time, the partnership will be terminated. There will not be any grace periods or exceptions made in this matter. We respect our partners and do all in our power to help. In return, we expect the same level of professionalism and respect. TAHO is a business and relies on income to provide the services and products that we supply. Failure to pay for services in a timely manner results in our organization taking a significant loss and jeopardizes our ability to provide continued support/services.

During an account suspension, all future appointments will automatically be canceled and no future appointments will be permitted until the account is reinstated.

Animal Cruelty Convictions

Rescue partners must acknowledge that no director, operator, staff, volunteer, or animal caregiver involved in the organization has been convicted of, found guilty of, or entered into pleas of nolo contendere or guilty to, regardless of adjudication, animal cruelty, neglect, or abandonment. Discovery of this will result in immediate and permanent termination of this agreement and no future services will be permitted.

Compliance and Termination

TAHO reserves the right to prohibit or deny services to any rescue organization. If TAHO suspects a rescue of abusing the program, or believes the rescue to be out of compliance with the partnership terms and conditions, TAHO may suspend the business relationship for a specific period of time or until the infraction resulting in the suspension is corrected, or may suspend the relationship indefinitely.

By signing below, I acknowledge that I am duly authorized to make decisions and execute this agreement on behalf of the organization. I certify that I have completed the application fully and truthfully to the best of my knowledge. I have read, acknowledged, and agree to be bound by the terms and conditions of this partnership.

Signature of Rescue Officer/Director

Date

Signature of TAHO Representative Accepting Agreement

Date

Automatic approval of services if recommended/warranted by DVM (does not require contacting organization for approval):

- ☐ Ear Mite Check
- ☐ Ear Cytology
- ☐ Ear Medication/Treatment
- ☐ Fecal Analysis
- ☐ Dewormer (based on fecal analysis results or presence of tapeworm)
- ☐ Antibiotics (oral or injectable)
- ☐ Additional Pain Medications

*Please read spay/neuter authorization in detail as this will apply to every future patient.

**If planning to utilize TAHO's TARP, an additional authorization form will need to be signed.

Credit Card Authorization

Please use this form if your organization wishes to keep a credit card on file with The Animal Health Organization. This authorization will remain in effect until changed or canceled in writing

Credit Card Type: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover
☐ Care Credit

Card Holder Name: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Associated Zip Code: _____

I, _____, authorize The Animal Health Organization to save this credit card information to our organization's file to be used for future transactions on our account.

Please indicate how your organization would like to handle payments

- ☐ Automatic CC payment at the end of each week (friday at close of business to card on file)
- ☐ Payment at the end of each week only after authorization (financial member of the organization must be available to receive and process the call.)
- ☐ Payment made at the time of appointment (see *below)
- ☐ Other (approval from TAHO ED will be required):

*TAHO works with many of the state's non-profit rescue organizations. Due to this volume we do not have the ability to manage automatic individual payments after each appointment. If the organization wishes this to occur they will need to make arrangements within their organization to have an authorized representative attend each appointment and authorize the payment at that time.

**Checks are permitted but must be received by TAHO prior to the end of the following week (following Friday). TAHO will not be responsible for the delays in mailing and this partnership will automatically be suspended if payment is not received by the deadline (regardless of reasoning). Refer to bullet point #8 in the above listed agreement. Checks are not recommended due to the potential issues and delays that can come with this type of processing.

Organization Name: _____

Signature of Authorized Representative/Card Holder: _____

Printed Name and Title: _____

Date: _____

Authorization for Spay/Neuter

Date: _____

Organization: _____

Address: _____

Phone Number: _____

Pets Name: ALL PATIENT'S ADMITTED UNDER THIS ORGANIZATION

I am the authorized agent of the patients listed under our organization, and I hereby grant permission to The Animal Health Organization to surgically sterilize this animal.

If, in the course of treatment, a condition is discovered requiring additional medical attention, the veterinarian may, at their discretion, perform or refuse to perform such procedures.

If patient's are discovered to have fleas, I agree to pay the fees associated with temporary flea treatment (capstar) to prevent exposure to other patients.

If patients are discovered to have lice, I agree to pay the fees associated with lice treatment (Frontline/Revolution application).

I agree to pay for the additional costs associated with umbilical hernia repair, pregnancy, in-heat, cryptorchid (undescended/hidden testicle), if such condition(s) are present at the time of surgery, or any other medical intervention deemed necessary by the TAHO veterinarian including additional anesthetic medication or sedation reversal.

If patients are found to be pregnant at the time of surgery, the surgery will be completed as a spay-abortion procedure and will incur additional costs.

If patients are discovered to be already spayed or neutered, a \$45 fee will be charged to cover the costs associated with anesthesia.

I certify that patients are in good general health and that I have disclosed any known medical conditions to the TAHO team.

I agree that The Animal Health Organization is not responsible for any complications that may arise from exposure to contagious diseases and parasites for which our pets were not previously or properly vaccinated/protected against.

If our patients bite any person involved in this procedure, I agree to quarantine them for the required 10 days, as stated by Ohio law.

I understand the risks associated with any surgery, including the possibility of death, and I am willing to accept these risks. I understand that I have the option to take additional preoperative safety measures at

additional costs, including but not limited to, Preoperative Bloodwork (\$65-\$95) and IV Catheter (\$20)/IV Fluids (\$18).

I agree to follow all post-operative discharge instructions that will be provided and reviewed at the time of patient's discharge.

I understand that I am to pick up our patients by 7:00pm, and that failure to do so without communication with a TAHO team member may result in them being considered abandoned and surrendered to the local animal shelter.

I have read and understand this authorization and confirm that all information provided within is accurate/true to the best of my knowledge. All fees for the requested services and procedures have been explained to me and I understand that payment is due, in full, at the time of %patientname%'s discharge.

Name (printed): _____

Signature: _____ Date: _____

Consent for Treatment (Dental Prophylaxis)

Document generation date: _____

Patient's Name: APPLIES TO ALL PATIENT'S ADMITTED UNDER THIS ORGANIZATION

I am the the authorized agent of the animals being admitted, and I have the authority to execute this consent. My signature below certifies that I am over eighteen years of age.

I have been informed that there are certain risks and complications associated with sedation, anesthesia, and/or any operation/procedure and that the risks/complications have been explained to me. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures deemed necessary by the veterinarian. I am encouraged to discuss any concerns I have about these risks with the attending veterinarian before the procedure is initiated.

I authorize the use of appropriate anesthesia and pain relief medication as needed before, during, and/or after the procedure. I have been informed that there are risks associated with the use of any medication.

The nature of these operations or procedures has been explained to me and I understand what will be done. I am aware that the practice of veterinary medicine is not an exact science and, thus, there are no guarantees for successful treatment. I have been encouraged and given the opportunity to discuss any questions I may have regarding my pet's medical care and my questions have been answered to my satisfaction. I accept that my financial obligations remain regardless of the outcome.

I understand that it is not possible to provide definitive information on possible extractions or additional procedures that may be required, including costs associated, until each patient has gone under general anesthesia and an in-depth oral exam and dental radiographs have been performed. I understand that the medical team requires my consent prior to performing any extractions or additional procedures beyond the dental prophylaxis. I understand that the doctors and team of TAHO are willing to attempt to contact me at the number provided for approval prior to performing any extractions or additional services. In the event I am unable to be contacted in a time frame deemed safe for the individual patient to remain under general anesthesia by the medical team, I:

_____ Authorize any additional procedures and/or extractions deemed necessary by TAHO veterinarians and understand that I am responsible for any and all fees associated with said procedures.

_____ Do not authorize any additional procedures and/or extractions without my verbal consent. I understand that patient's will not receive any additional procedures or extractions deemed necessary by TAHO veterinarians if I am unavailable to take the call, and I understand that patients may need to return at a later time to receive these services.

I have read and understand this authorization and hereby accept and agree to the terms of the consent for treatment.

Signed: _____