



**WestVet Animal Emergency**  
**3085 E. Magic View Drive, Ste 110**  
**MERIDIAN, ID 83642**  
**(208) 288-0400**

**Patient Name** \_\_\_\_\_

**Owner's Name** \_\_\_\_\_

**Transportation & Associated Treatment Consent**

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Name of Veterinary Practice Providing Current Care \_\_\_\_\_

Patient will be transferred to:  WestVet Meridian  WestVet Garden City

Invoice:  Client  Referring Veterinary Practice

I, the undersigned owner or authorized agent of the owner of the above-named pet, desire to use WestVet's ambulance transportation service for the above-named pet's benefit and my convenience and, thus, consent to have the above-named pet transported to another veterinary facility for ongoing or more intensive care and/or observation.

I have been advised by staff that the vehicle used is an ambulance owned by WestVet equipped to provide supportive care to the above named pet during transport; and the WestVet nursing staff that will provide such transportation are capable of providing supportive care for the above named pet during this travel period.

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 some 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 critically ill pet, including the risk of death. If he or she stops breathing or his/her heart stops beating, I realize even the most successful cardiopulmonary resuscitation (CPR) may take multiple days of intensive care and that such care can bring considerable expense. Should the above-named pet require resuscitation, my instructions are as follows:

Yes, Resuscitate as Needed  No, Do Not Resuscitate

**I HEREBY ACCEPT THAT THE TRANSPORTATION OF MY PET TO AND/OR FROM THE FOLLOW-UP VETERINARY FACILITY WILL BE AT MY OWN RISK. IN THE ABSENCE OF NEGLIGENCE, 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 AND CARE BASED ON THE OWNER'S SPECIFIC INSTRUCTIONS TO ME.**

\_\_\_\_\_  
 Signature of Authorized Agent

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Date