



GOOCHLAND PET LOVERS GOOD NEIGHBOR FUND

CONSENT TO TREATMENT AND WAIVER OF LIABILITY AGREEMENT

CLIENT INFORMATION			
Name:		Client #:	
Address:	City:	Zip Code:	
Email Address:		Cell Phone:	

I, _____ (pet owner) hereby grant Goochland Pet Lovers (GPL) my express permission to schedule pet preventive care and vaccinations with one or more of its partnering veterinary clinics. I understand that Goochland Pet Lovers is not responsible for the care or outcomes of any procedures and that they will only pay for services previously approved by the Good Neighbor Fund Committee and directed to the veterinary clinic performing the services.

I have been provided a copy of the Good Neighbor Fund Policy and have been given an opportunity to ask questions regarding its policies and procedures. I also understand that the Good Neighbor Fund is limited to two (2) pets per family per calendar year with annual funding limits of \$350 per dog and \$200 per cat for preapproved services.

If I choose to have additional services performed that have not been approved by the Good Neighbor Fund Committee, I will be responsible for any and all charges incurred.

I understand that I must qualify for this funding annually and no money will be reimbursed directly to me.

I also understand that if my pet has not been previously altered, spay or neuter is required for this funding. The procedure will be scheduled and funded by the Good Neighbor Fund as soon as possible. If the procedure is not performed, I will not be eligible for funding in following years.

GPL reserves the right to utilize the services of any available veterinary clinic, licensed in the Commonwealth of Virginia, in its reasonable discretion.

If I am unable to transport my pet to any scheduled appointment, I will contact GPL immediately and at least 48 hours prior to the appointment. I understand that GPL may or may not be able to schedule a volunteer to transport my pet in my absence. If transportation is needed and scheduled, I give Goochland Pet Lovers my express permission to transport any of my pets for care to the previously approved appointments and have all preapproved services to be performed. For the value of the services performed under this Consent to Treatment and Waiver of Liability Agreement ("Agreement"), receipt of which is hereby acknowledged, I hereby forever waive, release, discharge, hold harmless Goochland Pet Lovers, and any of its employees or volunteers from any and all claims, demands, damages, costs, attorney fees, and liabilities relating to or arising from, directly, indirectly and/or derivatively from any services provided by Goochland Pet Lovers or any of its partnering veterinary clinics as well as any animal injuries or death occurring before, during or after care or consultation with Goochland Pet Lovers or its partnering veterinary clinics.

I understand that Goochland Pet Lovers will be provided a copy of the pet(s) medical record from Capital Home Vet Care and will retain an electronic copy on file. This record may be provided to any of the partnering veterinary clinics who are scheduled to treat my pet(s). This record will be used by GPL to schedule annual vaccinations and preventive pet care.

I further expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia. I acknowledge that I am aware I may hereafter discover facts in addition to or different from those which I know or believe to exist with respect to the subject matter of this Agreement, but that it is my intention to hereby fully, finally and forever release all of the claims, disputes and differences known or unknown, suspected or unsuspected, which now exist or may exist. If any provision of this Agreement is found to be unenforceable or invalid, the remaining provisions shall be unaffected, binding and enforceable. If any action is brought to enforce or interpret the terms of this Agreement, the prevailing party shall be entitled to recover reasonable attorney's fees, costs, and disbursements, in addition to any other relief that may be granted.

I authorize Goochland Pet Lovers and its employees/volunteers to take photographs of my pet which may be used for: patient medical records, marketing and social media purposes (Facebook, Instagram, website, promotional material) and I also understand that I will not be entitled to any royalty, fee, or other compensation for such use. I agree to make no claim to them now or in the future, and release Goochland Pet Lovers, its employees or volunteers from any liability in connection with the approved use of these materials.

This Agreement is valid from the date below and grants permission for future veterinary care scheduled within one (1) year of the initial service without the need for additional authorization each time Goochland Pet Lovers schedules services for one or more of my pets.

In signing this Agreement, I certify that I have the authority to make health, medical and financial decisions regarding the animals that will be scheduled to receive service. This Agreement shall cover the entire course of treatment for my pet(s)' current approved services as well as any future services for which I am approved from Goochland Pet Lovers and the Good Neighbor Fund Committee.

A photocopy/facsimile of the signed consent shall have the same force and effect as the client/pet owner's original signature.

By signing below I acknowledge and accept the terms of this Agreement and further stipulate that my questions have been answered regarding the content of this document.

Printed Name _____

Signature _____

Date _____