

**Rescue Partner Benefits:**

- \$25 off rescue pet's exam
- 20% off remainder of bill, (Some exclusions apply)

Spay/Neuter program for Dogs (Rescue/foster)

Under a year old:

- Spay: \$260
- Neuter: \$235

Over a year old:

- Spay: \$290
- Neuter: \$265

Spay/Neuter program for Cats (Rescue/foster)

Under a year old:

- Spay: \$245
- Neuter: \$129

Over a year old:

- Spay: \$275
- Neuter: \$159

For Adopted Pets

Adopter pays to cover pain meds, bloodwork, e-collar.

- All dogs and female cats under a year old: \$155
- All dogs and female cats over 1 year old \$185

Rescue is billed for the cost of the procedure

- Female Dog: \$105
- Male Dog: \$80
- Female Cat: \$90

We suggest rescheduling a spay if the pet is in heat, but, if necessary, there will be an additional \$85 charge for any spay in heat.

For any pet over 75lbs there is a \$40 charge

Referral program:

These vouchers will be provided to you by Audubon Family Veterinary Center and may only be used at our location to help ensure the health of a newly adopted pet and allow us the opportunity to provide owners with education regarding their pet's continued health and wellness.

- \$25 Voucher for adopters towards the exam. One coupon per visit (Not to be combined with a \$25 social media voucher)
- \$25 Credit to AFV account for each referral.

We look forward to cultivating our partnership and doing our part to improve the quality and longevity of the lives of your pets and helping prepare them for their new families.

AFVC RESCUE PACKET 2023



Donations & Events

Audubon Family Veterinary Center supports anyone who wishes to donate toward any rescue to help our furry friends who need care. We will direct all individuals who wish to donate to the contact listed for the affiliated rescue. Audubon Family Veterinary Center will not be responsible for any monetary exchanges.

Interested in having Audubon Family Veterinary Center host an adoption or fundraising event? We also facilitate an annual donation drive. Please contact Amanda Munns, Hospital Director, or Cassandra Ruiz, Marketing Director, for further information.

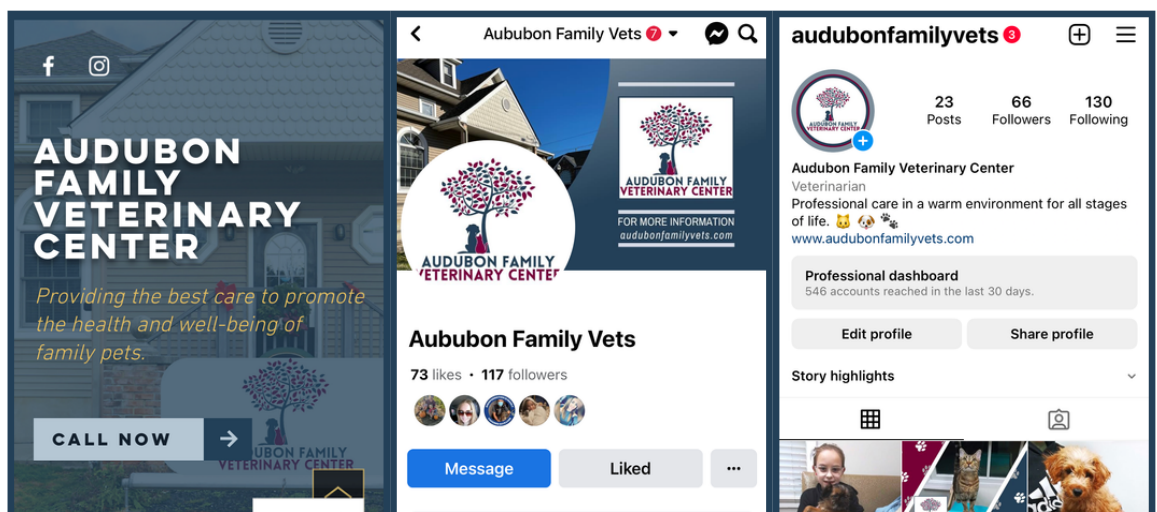
amunns@audubonfamilyvets.com

cruiz@audubonfamilyvets.com

Social Media

Audubon Family Veterinary Center would like to help raise awareness for our rescue partners on social media! Upon request, we can highlight your rescue in regular Audubon Family Veterinary Center features and share your photos and posts about events and other related content. Please contact Cassandra Ruiz, Marketing Director, at cruiz@audubonfamilyvets.com for further information. Audubon Family Veterinary Center reserves the right to determine what content will be shared on all Audubon Family Veterinary Center accounts.

We currently have our website, Facebook and Instagram.



Rescue Contact Form

Please complete this form in its entirety. Partial entries will not be accepted.

President First & Last Name: _____ Phone Number: _____ Email: _____	Vice President First & Last Name: _____ Phone Number: _____ Email: _____
Primary Contact This contact must be able to make medical and financial decisions on behalf of the rescue. First & Last Name: _____ Phone Number: _____ Email: _____	Secondary Contact This contact must be able to make medical and financial decisions on behalf of the rescue. First & Last Name: _____ Phone Number: _____ Email: _____
Billing Contact First & Last Name: _____ Phone Number: _____ Email: _____	Event Contact First & Last Name: _____ Phone Number: _____ Email: _____

To prioritize the doctor's time for patient care, doctors will discuss the case with one person.

We will contact the primary contact listed first. If that contact cannot be reached, we will contact the secondary contact listed above.

Please note, all medical records can be sent upon request to your rescue once completed.

For patients that are unstable or require hospitalization, if the contacts listed above are not available, or are unable to make a timely decision:

- ☐ You authorize euthanasia at the discretion of the doctor based on the prognosis and stability of the patient.
- ☐ You authorize the transfer to the listed 24 Emergency Hospital by the foster/transporter:
- Hospital Name:** _____
- Hospital Address:** _____
- Hospital Phone Number:** _____

Please note: We will require that fosters/transporters complete our "Foster/Transporter Form" upon arrival for us to keep on file. This form serves to ensure that our doctors and medical staff can reach the individual(s) transporting and fostering the patient and does not give the individual(s) any rights to make financial or medical decisions on the rescue's behalf.

Rescue Care Form

Please complete this form in its entirety. Partial entries will not be accepted.

Special Instructions & Requests

Password: If you'd like to give fosters/transporters the ability to make appointments or coordinate bringing patients in for urgent care visits, please provide us with a password. Fosters will use this password when booking an appointment or coming in for urgent care. This will signal to the Audubon Family Veterinary Center's team that the rescue has already given approval for this visit and we will not need to contact you to confirm.

Password: _____

Please note: The password does not give the foster/transporter the ability to make medical or financial decisions on your organization's behalf.

Automatic Approvals: Please select from the list of services and procedures below if you elect that your organization will always approve these items and do not need to contact you for authorization for these items.

- ☐ IV Fluids
- ☐ Recommended Vaccinations
- ☐ Injectable nausea and pain management
- ☐ Induction of vomiting
- ☐ Labwork
- ☐ Radiographs
- ☐ Sedation
- ☐ Medications to go home.

If any of the above is anticipated to exceed: (circle one) \$300 \$500 \$800 \$1,000
please contact us.

CPR/DNR Election (must select one)

☐ **CPR** : I elect that, in the event of a situation where my pet begins to experience cardiac and/or pulmonary arrest, that the doctors and staff immediately begin to perform resuscitation efforts. Animals that have been successfully resuscitated are extremely critical and unstable. The likelihood of re-arrest is high and usually occurs within four hours of the initial arrest. I acknowledge that I will be responsible for any additional fees for these resuscitative attempts, which are incurred above any other estimates given and can vary from \$300-\$500 dollars. Additional care after the patient is resuscitated will incur additional charges.

☐ **DNR**: I elect that, in the event of a situation where my pet begins to experience cardiac and/or pulmonary arrest, that the doctors and staff do not attempt any resuscitation (CPR) efforts. I acknowledge that if my pet stops breathing and/or their heart stops beating that my pet will die unless CPR is performed.

To help ensure the safety of our staff and comfort of our patients, please consider discussing gabapentin or trazodone with us via email or phone for animals that are anxious, stressed, or aggressive with handling. This may facilitate evaluation, diagnostics, and treatments, and can avoid costly and sometimes risky sedation. If there is anything you would like us to know about your rescue or your adoptable pets, please tell us!

www.audubonfamilyvets.com



Financial Consent & Acknowledgement

I consent that I have read and understood this agreement and consent to following the requirements as outlined in this agreement. By signing this document, I am aware that I am responsible for any and all financial balances due and agree to provide payment for services received within 30 days from the date of service.

Print Name

Signature

Date

Credit Card Authorization

Audubon Family Veterinary Center requires a credit card to be kept on file securely for your convenience. Please complete the form below.

Card Type:

Visa

MasterCard

Discover

AMEX

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (MM/YYYY): _____ CVV Code: _____

Billing Address:

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip code _____

I, _____, authorize Audubon Family Veterinary Center to charge this credit card above for agreed upon purchases.

☐ I authorize Audubon Family Veterinary Center to automatically charge this credit card on a weekly basis after invoices have been discounted.



A F V C

RESCUE PACKET 2023

Amanda Munns

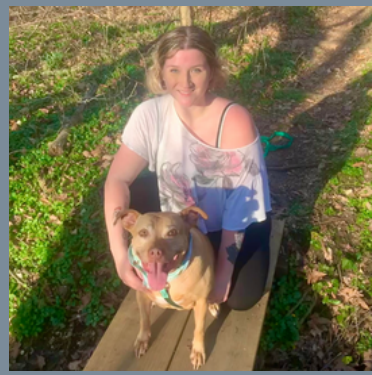
Hospital Director, Rescue Coordinator

amunns@audubonfamilyvets.com

856-387-7387

247 S White Horse Pike, Audubon NJ 08106

Amanda and her rescue pup, Kahlua "Lulu"



A message from our Rescue Coordinator

I am thrilled to welcome your organization as a partner with Audubon Family Vets to help facilitate the care of your beloved rescue animals. My name is Amanda Munns and I am one of the Hospital Directors at Audubon Family Vets. I have worked in the veterinary field for over 11 years in various roles in both general practice and emergency medicine. My experience has helped cultivate a love for all animals and for the humans that care for them. Rescue work has always been a passion of mine, both personally and professionally, which is why I am excited to assume the role of Rescue Coordinator and join forces to provide your pets with the best quality care. Your dedication to caring for pets while they await their deserving forever families is admirable and inspirational, and we are pleased to support you in that mission.

Audubon Family Veterinary Center

247 S White Horse Pike, Audubon NJ 08106

856-387-7387

Hours of Operation

Mon - Fri: 8am - 8pm

Sat: 8am - 2pm

Sun: CLOSED



www.audubonfamilyvets.com