



## Animal Transport Service Information Form

**Directions:** Staff member please fill in all applicable spaces. Pet owner or agent is to sign below. Give paperwork to Driver upon pick-up.

DATE: \_\_\_\_\_

**CLIENT/PET INFORMATION**

Client's Name (Last, First): \_\_\_\_\_ Phone: \_\_\_\_\_

Client Address: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

Species: Canine / Feline / Other: \_\_\_\_\_ Sex: M / MN / F / FS

Breed: \_\_\_\_\_ Description: \_\_\_\_\_ Age: \_\_\_\_\_

**TRANSPORT INFORMATION**

Hospital Transfer FROM: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Address: \_\_\_\_\_ Contact name: \_\_\_\_\_

Major Cross Street: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Signature at release: \_\_\_\_\_ Print name: \_\_\_\_\_ Time: \_\_\_\_\_

Drivers Initials \_\_\_\_\_

Hospital Transfer TO: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Address: \_\_\_\_\_ Contact name: \_\_\_\_\_

Major Cross Street: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Signature at acceptance: \_\_\_\_\_ Print name: \_\_\_\_\_ Time: \_\_\_\_\_

Drivers Initials \_\_\_\_\_

**MEDICAL INFORMATION**

1) Medical information is: **WITH DRIVER** or **FAXED TO DESTINATION HOSPITAL**.

2) Items traveling with patient: (circle all that apply and describe)

**LEASH** \_\_\_\_\_ **BEDDING** \_\_\_\_\_ **TOYS** \_\_\_\_\_ **CARRIER** \_\_\_\_\_

**MEDICATIONS** \_\_\_\_\_ **X-RAYS** \_\_\_\_\_ **OTHER** \_\_\_\_\_

3) Special requirements needed for transport: (circle all that apply)

**TECHNICIAN // ADMINISTER: FLUIDS // OXYGEN // INJECTIONS**

**FEES FOR TRANSPORT SERVICE**

One Way transport \$ 45.00      After Hours Emergency transport \$100.00, Pahrump - \$150.00

Round trip transport (fill out 2 forms) \$ 80.00      Technician fee \$ 40.00 per trip Home P/U \$55.00

Boulder City \$ 100.00      Oxygen administration \$ 25.00 per trip Home R/T \$90.00

Emergency no-stop\* \$ 35.00      IV fluids administration \$ 25.00 per trip

Injection administration \$ 25.00 per injection

(\*for critical cases that can not be in vehicle while additional transfers are picked up and dropped off)

Animal Transport Service, a division of Veterinary Specialty Services, will transport the above-listed patient to and/or from the facility listed. Collection of payment from owner for these services is the responsibility of the requesting HOSPITAL ("Hospital transferring from").

By signing this request for pet transport and authorizing the charges, I agree to pay the charges for transporting my pet directly to my requesting veterinary hospital. I understand that additional charges for care given at my veterinarian, emergency clinic or other facility are my financial responsibility. I further agree that Veterinary Specialty Services will not be held liable if my pets should worsen or become fatal during transport.

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner / Agent for Owner