



Veterinary Medical Center Animal Assistance Fund Disbursement Agreement

OWNER:	PET'S NAME:
ADDRESS:	SPECIES:
	BREED:
PHONE:	D.O.B SEX:
ALTERNATIVE CONTACT:	

Brief description of condition:

Was an estimate of costs of treatment presented to you? Yes / No

CONSENT TO TREATMENT:

I am the owner or agent of the animal described above. I further have authority to execute this consent and am over the age of 18.

I have accepted a disbursement from the Veterinary Medical Center Animal Assistance Fund to be used to help defray the cost of treatment for my pet. I have had the fees outlined to me and agree to pay 20% of all such fees, not covered by the VMCAAF. I further understand that a deposit of 20% of the low estimate will be required upon admission and the balance of 20% of the total invoice will be due at the time of your pet's discharge.

The nature and purpose of the procedure(s) have been explained to me. I understand that no guarantee exists as to the result of diagnosis and treatment of the animal, and that the funds allocated by VMCAAF may not be sufficient to complete diagnostic procedures and treatment. The distribution of funds is a one time allocation and all VMCAAF funds will cease when this amount has been used on the procedures. VMCAAF funding is limited in amount and does not imply continued financial assistance for success of a cure.

VMCAAF reserves the right to determine how all moneys in the Veterinary Medical Center Animal Assistance Fund will be used in order to benefit animals and their quality of life for owners with limited finances for treatment. VMCAAF decisions on funding are final. I understand that treatment may cease if the Veterinary Medical Center of Long Island makes a good faith decision that the treatment will not, if continued, result in a cure or a better quality of life for the animal.

I hereby authorize and direct the veterinarians of the Veterinary Medical Center of Long Island to perform the treatment plan outlined in the attached estimate.

I agree to pay 20% of the total balance, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. If unforeseen conditions arise, in the judgment of the attending veterinarian, call for procedures or treatments other than those now being authorized. I authorize such procedures if reasonable efforts to contact me for further consent are unsuccessful.

I have read and understand this consent and accept its terms.

Signature of owner or agent
Date