

## **KINDER4RESCUE DISPUTE RESOLUTION AGREEMENT AND PHOTO/VIDEO RELEASE AUTHORIZATION**

This Dispute Resolution Agreement is entered into between Kinder4rescue (Kinder4rescue Low Cost Pet Clinic and Kinder4rescue Surgical Center are divisions of Kinder4rescue, all collectively referred to as Kinder4rescue) and

\_\_\_\_\_ (“Client”) collectively referred to as “The Parties.”

For good and valuable consideration of which the parties hereby acknowledge, The Parties agree as follows:

### **1. MEDIATION**

The Parties agree to mediate any dispute or claim arising between them as to services provided by Kinder4rescue, or any resulting transaction, before resorting to arbitration or court action. Mediation fees and mediation administrative expenses shall be divided equally between The Parties.

The forum for the mediation shall be either the American Arbitration Association, Adjudicate West, or Judicial Arbitration and Mediation Services of California (JAMS). The Party initiating mediation shall select any of these providers.

### **2. ARBITRATION**

The Parties agree that any dispute or claim in law or equity arising between them as to services provided by Kinder4rescue to Client, or any resulting transaction, which is not settled through mediation, shall be decided by neutral, binding arbitration. The arbitrator shall be a retired judge or justice, or an attorney with at least 5 years’ experience unless the parties mutually agree to a different arbitrator. The forum for the arbitration shall be either the American Arbitration Association, Adjudicate West, or Judicial Arbitration and Mediation Services of California (JAMS). The party first filing for arbitration shall select which of the above forums to use.

The parties shall have the right to discovery in accordance with California Code of Civil Procedure section 1283.05. In all other respects, the arbitration shall be conducted in accordance with Title 9 of Part 3 of the Code of Civil Procedure. Judgment upon the award of the arbitrator(s) may be entered into in any court having jurisdiction.

The award of the arbitrator(s) shall be binding and either Party may petition a court of competent jurisdiction to convert the award to an enforceable court judgement. A court of competent jurisdiction shall have the power to issue interim orders as the court deems appropriate to maintain the status quo pending the issuance of the award or judgment. Each Party shall pay their own Arbitration expenses, including, but not limited to legal fees, arbitrator fees, and arbitration administrative fees regardless of which side is the prevailing party, and the arbitrator(s) shall not have the authority to award such costs and/or expenses to either Party.

### 3. PHOTO/VIDEO RELEASE AUTHORIZATION

By signing my name below, I grant Kinder4rescue and their representatives and affiliates, permission to take any and all information, photographs, and/or videos, including, but not limited to, Ring camera videos of Client and/or Client's pet(s), and to copyright, use, post and publish the above in both print, and electronically.

I agree that Kinder4rescue and their representatives and affiliates, may use such information, photographs, and videos of Client and his/her pet(s) with or without Client's name and for any lawful purposes. These purposes include, but are not limited to the following: video, trade show booth, brochures, display advertisements, signage, Yellow Pages, newsletters, private invitations, social media platforms, websites, lectures, and marketing related materials. This permission extends to all future usage, all future printings, and all future postings. Client understands that absolutely NO personal information, such as address, phone number, financial information, and material considered sensitive will be released or made public. I also understand that there will be NO compensation from Kinder4rescue and their representatives and affiliates for the use of the photograph(s) and video(s) now and in the future. I will make no monetary or other claims against Kind4rescue and their representatives and affiliates for their use of any interview, information, photograph(s) and/or videos.

Date: \_\_\_\_\_

Kinder4rescue

Date: \_\_\_\_\_

\_\_\_\_\_  
Client

# CLIENT INFORMATION SHEET

[www.kinder4rescue.org](http://www.kinder4rescue.org)

Send Records and Xrays to – [xrays@kinder4rescue.org](mailto:xrays@kinder4rescue.org)

## Client Information

Microchip# \_\_\_\_\_ Need Microchip

Owner's name: \_\_\_\_\_

Driver License #: \_\_\_\_\_

Driver License State: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## CONTROLLED SUBSTANCE REQUIREMENT

Check box for which number we can reach you at today:

Phone:  (Home): \_\_\_\_\_  (Cell): \_\_\_\_\_  (Work): \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Spouse/Other: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

In case of Emergency, call: \_\_\_\_\_ Alt: (\_\_\_\_\_) \_\_\_\_\_

Method of Payment:  Cash  Credit Card  Scratchpay.com  Venmo  Other: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## Pet Information

Pet's Name \_\_\_\_\_ Species: Canine/Feline Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_

Female Spayed/Castrada - Yes  No

Male Neutered/Castrado - Yes  No

How many other pets do you have at your house? \_\_\_\_\_ Female Spayed/Castrada - Yes  No  Species: Cat / Dog  
Male Neutered/Castrado - Yes  No  Species: Cat / Dog

Previous/Current Vet: \_\_\_\_\_

Does your company have a matching donation program?

Yes

No

I am the owner (or authorized agent for the owner) of this pet and over 18 years of age. The information given above is correct. I understand every effort will be made to achieve a successful outcome and to provide for all possible safety Clinic Care and handling. I hereby authorize this clinic to receive, prescribed for, and treat the pet(s) listed above. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged from the clinic. I understand I am responsible for payment and agree to pay the reasonable costs of collection, attorney fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the clinic is located. I also authorize *Kinder4Rescue Low Cost Vet Clinic* to release or transfer my pet's medical records to another Veterinary and/or Boarding Facility. Please notify Kinder4Rescue if Payment Assistance is needed prior to services. A list of foundations that assist in medical care can be provided for pre-approval.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Patient History

Date: \_\_\_\_\_

Pet Owner's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Species:  Dog  Cat  Other \_\_\_\_\_

Sex:  *Intact* Male  *Neutered* Male

*Intact* Female  *Spayed* Female

**!** Reason for visit: \_\_\_\_\_

\_\_\_\_\_

**Date of Injury:** \_\_\_\_\_

**How did the injury occur?** \_\_\_\_\_

\_\_\_\_\_

**Do you have recent records?**  Yes  No **Sent:**  Yes  No

Email: [xrays@kinder4rescue.org](mailto:xrays@kinder4rescue.org) Fax: 1 (818)-505-0026

## HAS YOUR PET...

- |  |                              |                             |                                 |
|--|------------------------------|-----------------------------|---------------------------------|
| 1. Annual vaccinations within the last year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 2. Rabies vaccination current?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 3. Any recent surgery or dentistry?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 4. Any illness or injury?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 5. Medication or a current medical problem?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

If YES, \_\_\_\_\_

- |  |                              |                             |                                 |
|--|------------------------------|-----------------------------|---------------------------------|
| 6. Any recent physical examination within the last year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 7. Any recent bloodwork, x-rays, ECG, other? (Circle)    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 8. Exposure to any animal with an unknown illness?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 9. A recent pregnancy or heat period? (Circle)           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 10. When was the last time your pet ate? Date: _____     |                              | Time: _____                 |                                 |
| Drinking more or excessive water intake?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

## HAVE YOU NOTICED ANY...

- |   |                              |                             |                                 |
|---|------------------------------|-----------------------------|---------------------------------|
| 1. Coughing, sneezing, shortness of breath, or tiring easily? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 2. Change in appetite or eating habits/weight loss? (Circle)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 3. Recent vomiting?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

If YES, when did it start? \_\_\_\_\_ Color of vomit: \_\_\_\_\_

- |   |                              |                             |                                 |
|---|------------------------------|-----------------------------|---------------------------------|
| 4. Recent diarrhea?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| If YES, when did it start? _____ Blood in stool:    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 5. Blood in urine, or other discharge? (Circle)     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 6. Unusual attitude, fainting, or seizure? (Circle) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 7. Swelling, limping, or pain in moving? (Circle)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

8. Is your pet unable to urinate?  **Yes**- spot peeing.  **No**- Not urinating. Color of urine: \_\_\_\_\_

If YES, when did it start? \_\_\_\_\_

How closely is your pet observed? \_\_\_\_\_

Other Info: \_\_\_\_\_





# Kinder4Rescue

14926 Vineland Ave N. Hollywood 91601 # (818) 505-0006

## Surgery Release

Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Pet's Age: \_\_\_\_\_

Female Spayed/Esterilización - Yes  No  Male Neutered/Castración - Yes  No

Previous/ Current Vet: \_\_\_\_\_

**Carefully read and understand the following before signing your name:**

- I, acting as owner or agent of the pet named above, hereby request and authorize Kinder4Rescue, through whomever veterinarians they have designate, to perform an operation of the animal named on the above portion of this form.
- I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service. I certify that my animal is in good health and has had no food since midnight prior to surgery (if older than 4 months).
- I understand that Kinder4Rescue has the right to refuse service to any animal to whom surgery is deemed a health risk.
- I understand that my animal will receive pre-operative bloodwork at owner's expense.
- I understand some factors significantly increase surgical risk, including but not limited to, pregnancy, heat, and diseases such as feline immunodeficiency viral infection, feline leukemia viral infection, and heartworms.
- I understand that the **Blood Draw Fee is \$95** for clients **who will be using** our facility for surgery.
- I understand that if my pet **will not be** using the facility for surgery, than the blood work will be an **additional fee of \$55; totaling \$150.**
- I understand that blood results will not be released until the correct fee is paid.

- **I understand that if any anesthetic procedure is performed on my animal, the veterinarian will choose to also spay or neuter them at a cost to the client.**
- **I understand that all teeth to be pulled will be done at the discretion of the doctor in the interest of the health of my pet.**
- **If you do not show up to pick up your pet, you will be charged \$300 for an overnight fee.**
- **Brachycephalics carry a huge risk when it comes to anesthesia and treatments for your pet. The most common issue is overheating and trouble breathing due to their abnormal anatomy. Although, we take precautions, this higher anesthesia risk can result in death to your pet, I understand the additional risk to my pet, I agree to proceed. In addition,**  
**I agree not to hold Kinder4Rescue or our veterinarian staff responsible.**

Initials: \_\_\_\_\_

I hereby release Kinder4Rescue, Kinder4Rescue Pet Clinic, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions to vaccinations or medications. I agree that I have not and will not claim any right to compensation from them, or any of them, or file any action by reason of such surgery of such animal or any consequences related thereto. Owner/agent hereby agrees to indemnify and hold Kinder4Rescue harmless for any damages caused during by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY CLINIC ONLY**

Orders:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**TO BE COMPLETED BY CLINIC ONLY**

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Physical Exam**

Date: \_\_\_\_\_

Weight \_\_\_\_\_ Attitude \_\_\_\_\_ BCS \_\_\_\_\_ / 9

	Normal	Abnormal	Remarks
Hydration	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears	<input type="checkbox"/>	<input type="checkbox"/>	
Nose	<input type="checkbox"/>	<input type="checkbox"/>	
Mouth	<input type="checkbox"/>	<input type="checkbox"/>	
PLNs	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Neuro	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Left front	<input type="checkbox"/>	<input type="checkbox"/>	
Right front	<input type="checkbox"/>	<input type="checkbox"/>	
Left hind	<input type="checkbox"/>	<input type="checkbox"/>	
Right hind	<input type="checkbox"/>	<input type="checkbox"/>	

**TO BE COMPLETED BY CLINIC ONLY**

Doctor's Notes: \_\_\_\_\_

Assessment: \_\_\_\_\_

Bloodwork: \_\_\_\_\_

XRays: ABD: \_\_\_\_\_ CHEST: \_\_\_\_\_

OTHER: \_\_\_\_\_

Recommendation/Refer to: \_\_\_\_\_

Surgery: \_\_\_\_\_

**Patient Information – CLIENTS TO COMPLETE BELOW**

Pet's Name: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M / F Spayed/Neutered: Y / N



Kinder4Rescue

LowCost Pet Clinic&AdoptionCenter  
4926VinelandAve, NorthHollywood, CA91601  
Office: (818)505-0006

Prev BW date \_\_\_\_\_ BW  135  150  95

Voucher:  Done  Printed XR  175  85

Anesthesia/Surgical Cost

Biopsy  175  325  Decline

Pain Injections |  Meds /

Overnight Nights ×

Deposit  Rebate -

Balance: \$ \_\_\_\_\_  PD Total: \$

PB  Credit|Debit (2.6%)  Venmo  ScratchPay

PB  Credit|Debit (2.6%)  Venmo  ScratchPay