



General:

Pressly Animal Hospital is dedicated to providing quality veterinary care to all our patients. We have made a commitment to delivering this kind of care to our 501c3 organizations at a discounted superior rate on vaccinations and services administered to pets in the organizations.

This discount is not valid towards personally owned pets. As with any discount, you as the organization's leader WILL NOT SHARE or OFFER the special pricing to any board members, volunteers, family members, friends, etc.

Non-501c3 rescue organizations, and/or individual persons rescuing animals cannot be under the umbrella of a 501c3 to classify and receive any discounted services. The group or person may submit to us proof of their Non-profit status and have their own exclusive agreement signed with Pressly Animal Hospital.

Prev Care w/ Superior \$	Surgeries w/ Superior \$	Items excluded from discount			All other items, services, and products receive a 20% discount.
Routine Vaccinations	Canine/Feline Spay	Flea Prev	HW Prev	HW Tx	
Canine 4dx Test	Canine Neuter	Rx Diets	Outside Lab Test		
Feline Combo Test	Feline Neuter	Urgent Care Fee	After Hours Fee	ER Fee	
Intestinal Parasite Exam	Dental Prophylaxis				

Initial_____

Communication:

We offer several methods of communication to discuss appointments, records, treatments, services, and invoices, etc. With each of these topics there are departments/team members that are best suited to communicate with you. The table below shows the preferred method of contact regarding specific topics.

Department/Team Member	Topic	Communication Method	
Client Service Coordinator/ Front Desk	Appointment Request	Email: pah@presslyanimalhospital.net	
	Sending Records	Email: pah@presslyanimalhospital.net	
	Payments	Phone Call 704-234-0374 opt 1	
Veterinary Medical Team/ DVM's, Technicians, Nurses	Treatments/Services	Currently in Hospital	Phone/Text Message
		Previously Seen	Email: use main email
Client Service Manager, Colene, Or Practice Manager, Kristina	Invoices/Billing Questions	Email cdetullio@presslyanimalhospital.net ksimmons@presslyanimalhospital.net	

Please keep in mind that our phones are continuously ringing, appointments are being scheduled multiple times daily, emails are always arriving, and our text messages are constantly sounding with incoming information from all our clients and rescue organizations. Responses may be delayed due to taking the time and filtering through all the information.

Initial_____

Appointments & Records:

Appointments:

EXAMINATION FEE	PREV CARE VISIT	\$0
	SICK VISIT	\$30
	FOLLOW UP	\$20

You understand that for us to be able to provide attention and quality care to all our patients, appointments are required to be made. Same day or next day appointments are usually difficult to accommodate. Our schedule is filling up days and sometimes weeks ahead. Please make every effort to schedule appointments well in advance.

If it is urgent that the pet be seen and there are no available appointments, we can schedule it as an URGENT CARE visit with exam fee of **\$75** and work it in with the appointments at that time. Emergencies will always take precedence over any scheduled appointment and an EMERGENCY fee of **\$100** will be applied. Missed appointments will be charged **\$25** each. Missed surgery appointments will be charged out **\$50** each.

URGENT CARE FEE	\$75	These prices are set as 501c3 pricing and are not discounted services.
EMERGENCY/AFTER HOURS FEE	\$100	
MISSED APPOINTMENT FEE	\$25	
MISSED SURGERY FEE	\$50	

Initial _____

Records:

You understand that for us to be able to provide attention and quality care to all our patients, all previous correct and up to date medical records are required to be sent prior to the first examination. All records will be entered into the pet's history and a scanned copy will be attached into their file.

**IF RECORDS HAVE NOT BEEN RECEIVED IN TIME FOR THE APPT,
ANY PREVENTIVE CARE THE PET IS OLD ENOUGH AND WELL ENOUGH TO RECEIVE,
WILL BE PERFORMED AND CHARGED TO THE ORGANIZATION.**

INITIAL _____ & SIGNED _____

Surgery & Medical Treatments:

Surgery:

SCHEDULED SURGERY DAYS:	MONDAY – THURSDAY
SURGERY/SEDATION DROP OFF TIMES:	7:30AM – 8:30AM
SURGERY PICK UP TIMES:	2:00PM – 5:00PM
INSTRUCTIONS TO PREP FOR SURGERY CAN BE FOUND ON OUR WEBSITE AT:	https://presslyanimalhospital.net/matthews-nc-pet-surgery/
REQUIRED PRESURGICAL DROP OFF FORM CAN BE FOUND ON OUR WEBSITE AT:	https://presslyanimalhospital.net/matthews-nc-surgical-drop-off-form/

Initial _____

Treatments:

Early thorough examination and diagnosis from our veterinarians is needed when signs and symptoms begin, in order to prescribe proper medications and treat pets correctly and efficiently. Please keep us informed of previous history, any medical treatment that has been performed and if pets have received any prescribed or over-the-counter medications prior to being examined by us.

Communication regarding hospitalized patients and their treatment will be directed to the organization's representative first, then WE WILL communicate to the responsible persons that will be caring for the pet after treatment. **Pressly Animal Hospital is responsible, as the veterinary professionals, for communicating all home care instructions to the foster/adopted families. WE WILL NOT WITHHOLD information to the foster/adopted family regarding the care and treatment the pet received. Withholding information could result in insufficient care at home and lead to improper healing and the pet making a complete recovery.**

Initial_____

Medications:

The veterinarian-client-patient-relationship (VCPR) is the basis for interaction among veterinarians, their clients, and their patients and is critical to the health of animals. A VCPR is considered current so long as the pet has been examined within the last 12 months. Some medications require the pet to be examined every 6 months and occasionally every 3 months. Medications cannot be prescribed for patients that have not been examined by one of our veterinarians.

Certain specialty ordered prescriptions and medications, such as heartworm treatment injections, may be required to prepay! Please call 24-48 hours in advance for medication requests and please allow adequate time to properly fill medications. Requested medications or refills of medications must be picked up within 5 business days. If meds are not picked up within the 5-day allotted time frame, they will be placed back into inventory with no guarantee that they will be in stock for future pick up.

Initial_____

Payments:

Going forward, for all organizations, a current credit card number is **REQUIRED** to stay on file. The card will not be processed until all charges are correct and organization's director is aware of total. Invoices will be sent by email for director to review and approve. All payments will be processed within 3 days of us forwarding the invoices once the pets have departed.

If a pet is hospitalized and the treatment plan is expected to be over \$500, a down payment will be required, equal to the first day of treatment. Any subsequent days the patient is hospitalized for may be charged at the end of each day.

We accept VISA, MC, DISCOVER, & AMERICAN EXPRESS credit cards. CARE CREDIT can be used so long as the cardholder is presenting the card for payment. We also accept cash and check.

If you are asking for donations for pets that are under our care, we will accept over-the-phone donations and put the donation into the pet's record it's intended for. Checks can also be mailed directly to us for a patient's care.

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Pressly Playcation Station – Daily Playcare & Boarding Facility:

Pressly Playcation Station is owned by Dr. Pressly. It is located about 5 miles down from the hospital, Old Monroe Rd/Old Charlotte Hwy towards Monroe. This would be an option for foster families that go on vacation or have a foster that needs to get some energy released.

We do offer daily playcare for pets that are able to be in settings with a group of other dogs. We also offer overnight boarding. We do not have the accommodations to offer extended overnight stays with no known expected departure date.

A CURRENT CREDIT CARD NUMBER IS REQUIRED TO STAY ON FILE. The card will not be processed until all charges are correct and organization's director is aware of total. Invoices will be sent by email for director to review prior to processing the charge. All payments will be processed within 3 days of us forwarding the invoices once the pets have departed.

Daily Playcare Monday-Friday	\$28	All pets are put up for nap 12p-2p	20% discount will be applied
Boarding Overnight w/ group playcare	\$50	For pets that can go in group play	
Boarding Overnight w/ 1:1 playcare	\$60	For pets that can't go in group play	
Daily Fee for Added Days	\$10	Above Original Reservation/day	NO discount
In-House Food Usage/day	\$5	If no food is provided at drop off	NO discount

Initial_____

Items Needed:

- Phone Number and E-mail Contact information for: Director, Co-Director (if there is one)
- Copy of 501c3 paperwork emailed to pah@presslyanimalhospital.net, or cdetullio@presslyanimalhospital.net
- Credit Card information that you would like to keep on file
- Contact Names of persons approved to schedule appointments on behalf of organization
- List of services that organization is responsible for the cost
- List of services that adopted family is responsible for the cost
- List of services organizations automatically approve
- List of services organizations that PAH must call for approval first
- **References:** To complete this process, we are asking for 2 veterinary references. These references can be receiving care for your personal pets and/or receiving care for pets under your organization.

Practice Name: _____ Contact Person: _____ Phone #: _____

Practice Name: _____ Contact Person: _____ Phone #: _____

*** All the above information must be submitted prior to scheduling first appointment.
Once all items have been received you will receive a Welcome EMAIL! ***

I do solemnly promise to keep this agreement confidential. By signing below, I attest that I am the Organization Director and along with Dr. Pressly accept the terms of this agreement and look forward to forging a relationship with Pressly Animal Hospital.

501c3 Organization: _____ Organization Director: _____

Date: _____

***This agreement may need to be updated in the future without notice. Any updates will be marked accordingly, and a new agreement will also need to be signed at that time!**

****Pressly Animal Hospital reserves the right to change products, prices, services, and protocols, without prior notice to the organizations.**

*****Pressly Animal Hospital also reserves the right to terminate this agreement and the relationship with the organization without cause and for any violation of this agreement.**