

CARE AUTHORIZATION & SERVICE AGREEMENT

By signing the patient check-in form, as either the owning caregiver, financing agent, or acting agent, you accept all the following provisions:

(1) You acknowledge that you are seeking a consultation for veterinary services through PAW Health Network, Inc., and/or its successors and assigns ("PAW"). You hereby release PAW of any responsibilities or claims related to diagnostic and treatment plans initiated by any veterinarians at any other facility. This includes any claims related to how any treatment by PAW may adversely impact previously prescribed treatment plans, due to the emergent nature of your patient's condition, and the fact that PAW may not have or be able to obtain information about the patient's prior treatment plans.

(2) You acknowledge that the attending veterinarian or support staff has appropriately informed you or your representative of all diagnostic and therapeutic options that pertain to the patient's presenting complaint or clinical abnormalities. You acknowledge and understand that it is your responsibility, or the responsibility of your authorized representative, to seek clarification if you do not understand the diagnostic and therapeutic options given to you.

(3) You consent to the administration of medications that are determined to be in the best interest of the patient by the attending veterinarian(s), including medications used for the sole purpose of reducing pain or suffering.

(4) You release and hold harmless PAW and its veterinarians, owners, agents, employees, and affiliates of any liability related to any outcome occurring while your patient is in triage, prior to consultation or establishment of diagnostic or treatment plans which is not caused by reckless or intentionally harmful conduct of PAW and its veterinarians, owners, agents, employees, and affiliates.

(5) You acknowledge and understand that PAW is not a referral center and does not claim specialty as prohibited by Wisconsin Administrative Code VE § 1.58(29). You acknowledge and understand that PAW may provide unique services by hiring and relying upon independent contractors.

(6) Regardless of outcome, up to and including the death of your patient, you personally accept full financial responsibility for partial or full physical examination, partial or full consultation, services rendered, treatments provided, or products dispensed while the patient is or was under the care of PAW.

(7) You acknowledge that PAW does not and cannot provide a warranty, either express or implied, regarding services rendered, treatments provided, or products dispensed by PAW, and that PAW makes no guarantees regarding patient outcomes during or after this visit, including services rendered or products sold.

(8) You acknowledge and understand that certain services may be provided by a veterinary student, certified veterinary technician, or an unlicensed assistant, but only to the extent such person is authorized and qualified to perform such services and only with the supervision or at the direction of the attending veterinarian.

(9) You hereby release and agree to hold harmless PAW and its veterinarians, owners, agents, employees, and affiliates of all liability, loss, or damages related to their negligence in the provision of any goods or services related to the care of your patient.

(10) You acknowledge that, should you decline any treatment or diagnostic recommendations, and/or disagree with a diagnosis, you hereby release and hold harmless PAW and its veterinarians, owners, agents, employees, and affiliates of all liability that are in any way related to declining said diagnostics and treatments or disagreeing with a diagnosis and recommended treatment course related to that diagnosis. This release is not applicable to the extent it applies to the reckless or intentional conduct of PAW and its veterinarians, owners, agents, employees, and affiliates.

(11) You acknowledge and understand all provisions listed in Section 05 Estimates, including, but not limited to, that a good faith effort has been made to create an accurate estimate for cost of services and products under intense time pressure. You acknowledge that any financial estimate may vary considerably from the final price for which you are responsible. A detailed invoice will be provided to you when payment becomes due.

(12) You acknowledge, agree to, and understand all provisions listed in Section 06 Payments, including, but not limited to, making an initial deposit prior to the receipt of any goods or services from PAW. You also expressly agree to promptly pay any remaining balance after application of your initial deposit for goods and services provided by PAW, regardless of outcome. A detailed invoice will be provided to you when payment becomes due.

(13) You acknowledge and understand that if timely payment for goods and services is not made, any outstanding balance may be used as the basis for legal action against you in the Marathon County Court of Small Claims or Circuit Court. You understand that if PAW is forced to initiate legal action to collect its fees, you will be responsible for all applicable court costs and fees, including actual attorneys' fees incurred by PAW. You hereby expressly agree to take full financial responsibility for all costs related to any such collection efforts.

(14) You acknowledge and understand that PAW may transfer the patient's medical records related to this visit to any requesting veterinarian or veterinary facility. You acknowledge and agree that PAW may provide patient medical records to insurance agencies or state agencies when requested by the same or as required by law.

(15) You consent to PAW requesting patient medical records from any veterinarian or veterinary clinic at any time before, during, or after PAW, provides veterinary care to the patient.

CARE AUTHORIZATION & SERVICE AGREEMENT

01

DEFINITIONS

§01.01 | PATIENT

Within the veterinary industry, several terms have been used over the years to identify a “patient” needing care. These terms have included friend, companion, animal, and fur-baby, to name a few. While each of these terms represent specific alignments within the human-animal-bond spectrum, none of these terms are used at PAW.

At PAW, we use the term “patient”. We use this term pursuant to Wisconsin Statutes § 89.02 (4s), wherein a “patient” is defined as an animal that is examined or treated by a veterinarian.

§01.02 | CAREGIVER OR CLIENT

Within the veterinary industry, several terms have been used over the years to identify the “human” seeking services for their patient. These terms have included, owner, and pet-parent, to name a few. While each of these terms represent specific alignments within the human-animal-bond spectrum, none of these terms are used at PAW.

At PAW, we use the term “client”. We use this term pursuant to Wisconsin Statutes § 89.02 (3), wherein a “client” is defined as a person who owns or who has primary responsibility for the care of a patient.

We also refer to our clients as Owning Caregivers or Caregivers. All Caregivers must be at least eighteen years of age to consent to patient care.

§01.03 | ACTING AGENT

An “acting agent” or “authorized representative” is an adult individual authorized by the caregiver to seek veterinary care for a patient on behalf of the caregiver.

§01.04 | FINANCING AGENT

A “financing agent” is an individual, other than the caregiver, who assumes financial responsibility for the care of the patient.

The financing agent may also be the acting agent.

As the party responsible for payment of the patient’s care, the financing agent shall be informed of and consent to the care of a patient.

02 INITIAL ARRIVAL

§02.01 | BIOSECURITY PROTOCOLS

PAW maintains strict biosecurity protocols to reduce hospital contamination of communicable diseases for both caregivers and patients alike.

PAW maintains isolation algorithms which may dictate that your patient be relocated to our Isolation Ward.

If the isolation algorithm determines your patient must be isolated, you will need to intake your patient through our Isolation Ward, located on the southern side of the building. Until screened by our medical support team, your patient will remain in this ward, and the patient will remain in the isolation ward indefinitely unless or until the status requiring isolation is cleared.

In order to clear your patient from the Isolation Ward and allow your patient to enter into the hospital for additional testing, you may be provided initial screening tests as recommended by an attending veterinarian. As a matter of hospital policy, your patient will not be provided any additional testing or treatments until this testing is performed and your patient is cleared from the Isolation Ward.

*If your patient has been identified as an isolation patient, you or your acting agents are **not** permitted to enter into common-use areas of the building including the lobby, education rooms, restrooms, or the check-out location.*

*You or your acting agents are permitted to **use the restrooms in our Isolation Ward**. You will need to contact our caregiver support staff or medical support team to gain access to this area of the facility.*

If your patient has been identified as an isolation patient, and you thereafter choose to enter the PAW building into common-use areas, and do not restrict yourself to the Isolation Ward or curbside, additional biosecurity cleaning charges will be added to your final invoice.

PAW reserves the right to deny service to patients and caregivers who refuse to comply with published CDC guidelines related to the containment of known infectious diseases.

§02.02 | ANIMAL ABANDONMENT

PAW is neither a licensed shelter nor an organized rescue organization.

As such, PAW does not [1] receive patients by donation, [2] accept transfer of ownership by relinquishment, or [3] accept transfer of ownership by abandonment.

As such, any and all patients left at PAW where no owning entity can be easily identified, found on PAW's property, or contacted by telephone using the information available to PAW in the patient's records, shall be considered victims of animal abandonment in violation of Wis. Stat. § 951.15(1) and Kronenwetter Village Ordinances § 200-10.

After a patient is considered abandoned, PAW will provide any medically necessary care and treatment for the patient consistent with Wis. Stat. § 173.15(2)(a) and the patient's position in the triage queue. PAW will not euthanize any abandoned patient unless medically necessary to alleviate the patient's physical suffering or to protect the safety of PAW staff, volunteers, or the public, consistent with Wis. Stat. § 173.19(1)(m).

If the address of the patient's last owner is known, PAW will notify the patient's owner by certified mail that the patient will be held at the Humane Society of Marathon County and must be picked up by the owner within seven (7) days, or the patient shall be permanently surrendered to HSMC, pursuant to Wis. Stat. § 173.13(2)(a)(1).

03 TRIAGE

There is no perfect patient handling system.

§03.01 | WAIT TIMES

Wait times are driven by patient volume and the relative severity of your patient's emergent condition to the condition of other arrivals. PAW does not apologize for wait times.

Seeking services with PAW means that you understand you are part of a community. Extended wait times merely reflect that our trained staff and veterinarians have determined other patients have more urgent veterinary needs than your patient. This does not mean that PAW staff do not care about you or your patient. Please be respectful of this process.

If at any time you wish to withdraw your patient from triage, you may request to do so and leave with your patient. If you choose to withdraw your patient from the queue, you will remain financially liable for any services performed while your patient is in the triage queue.

At any time, you may contact our caregiver support staff and clarify your patient's queue position within the triage hierarchy.

However, our caregiver support staff are not authorized to provide any of the following information:

- (01) ...A "stability" assessment of the patient's presenting condition*
- (02) ...A medical judgment regarding the health of the patient or possible medical treatment*
- (03) ...A preliminary diagnosis of a medical condition*
- (04) ...Any advice regarding adverse reaction to treatments or intoxicants*

§03.02 | TRIAGE BASED CARE

A triage-based patient care system allocates clinic resources according to the urgency of patient veterinary needs. PAW uses this type of system because it maximizes flexibility of PAW staff and veterinarians as they deal with an ever-changing, fluid environment.

Please be respectful to other patients and caregivers by recognizing that this triage-based system of care is not dependent upon the time you arrived at the facility. Lengthy wait times are the norm, and we do not apologize for delays.

Once a queue has been established, a member of our caregiver support staff will provide regular text updates as your patient's position in the queue changes within the triage hierarchy.

PAW does not offer diagnostics or treatments while patients are in triage without the establishment of a Veterinary-Client-Patient Relationship (further described in Section 4). As such, we do not perform diagnostics, provide IV fluids, or provide other care without [1] consent of care from the caregiver or acting agent, and [2] following the medical judgment and advice of a veterinarian.

If you demand that PAW perform diagnostics, provide IV fluids, or provide any other care without [1] consent of care from yourself or your acting agent, or [2] following the medical judgment and advice of a veterinarian, then you may be asked to withdraw your patient from the triage queue, leave the premises, and seek services elsewhere. Doing so releases PAW from liability as described in the Care Authorization & Service Agreement at the beginning of these documents.

04

CONSULTATION

§04.01 | VETERINARY-CLIENT-PATIENT RELATIONSHIP (VPCR)

Pursuant to Wisconsin Statutes § 89.02(8), a Veterinary-Client-Patient Relationship is defined as a relationship between a veterinarian, the owning caregiver, and the animal patient in which all of the following apply:

- *The veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient and the patient's need for medical treatment, and the caregiver has agreed to accept those medical judgments and to follow the related instructions; and*
- *The veterinarian has sufficient knowledge of the patient to initiate a general or preliminary diagnosis of a medical condition of the patient, because the veterinarian has recently examined the patient or has made medically appropriate and timely visits to the premises on which the patient is kept; and*
- *The veterinarian is readily available for follow-up treatment of the patient if the patient has an adverse reaction to veterinary treatment.*

§04.02 | INFORMED CONSENT

Pursuant to Wisconsin Administrative Code VE § 1.02(10) "Informed Consent" means that the veterinarian charged with caring for your patient has explained to you the diagnosis, recommended diagnostic and treatment options, risk assessment, and prognosis and that you have understood the same. If you do not give your informed consent, no treatment ensues.

If you do not understand what was explained to you regarding your patient's condition, diagnosis, recommended diagnostic and treatment options, risk assessment and prognosis, then it is your responsibility to gain clarity by speaking with our attending veterinarian(s) and asking additional questions.

§04.03 | VETERINARIAN CONSULTATION

At PAW, your consultation with a veterinarian focuses exclusively on compliance with both the Veterinary-Client-Patient Relationship (VPCR) and Informed Consent statutes and regulations.

Attending veterinarians have assumed the responsibility of making medical judgments regarding health of the patient and advising you (or your authorized representative) on a diagnostic and treatment plan for your patient.

However, these advisement responsibilities are not to be confused with the attending veterinarians deciding for you, your patient, or your family. When you or your authorized representative are asked to provide your consent, you are equally empowered to deny said consent. Accordingly, any decisions regarding veterinary treatment at PAW must come from you through informed consent.

It is not our medical support team's responsibility to inform you of what the medical support team would do with their own patient in a similar circumstance. We respect that every family and their human-animal-bond is different. This difference yields different decision-making processes and outcomes. If such information is provided, the information is the sole opinion and belief of the person who provides it. You are in no way obligated to act in the same way.

Attending veterinarians can clarify options, provide a risk assessment, and all options available to you, or your authorized agent, to make an informed decision regarding the care of your patient.

05

ESTIMATES

Our estimate process is intended to provide clear and transparent pricing for services and products, at all times. You, your acting agent, or your financing agent will be provided estimates before any services are rendered, or products are dispensed.

§05.01 | ESTIMATE PROCESS

Following your consultation with a veterinarian, you, your acting agent, or your financing agent will be provided an estimate, either in-person or by phone. You are free to elect or decline any and all care options discussed.

All estimates are made in good faith to provide the best accuracy reasonably possible. Due to the fluid nature of providing emergency veterinary services, you understand and acknowledge that there may be a cost difference owed, up to 15% more than the total approved estimate amount.

Urgent Care may require a change to the above process to include certain non-linear estimates. These estimates are provided prior to the full establishment of a veterinary-patient-client relationship to expedite the provision of services to the patient. By signing the Urgent Care Consent Form, you ratify all decisions made which led to the inclusion of non-linear estimates and agree to pay them to the same extent of every other cost or estimate described herein and incurred in connection with services rendered.

§05.02 | FLAT RATE ESTIMATES

In conjunction with other provisions noted in this section, at times you may be provided a "Flat Rate Estimate," which will be a specific designation on your estimate by using the terms "Flat Rate." The purpose of Flat Rate Estimate is to hasten the estimate process and represents a proposed single charge for any and all applicable fees and costs associated with a process or surgical procedure.

Flat Rate Estimates do not represent an "a la carte" approach to the provision of care, and instead signify a specific course of action recommended by a veterinarian where each step forms an essential part of the treatment plan. Flat Rate Estimates are also subject to price fluctuations if there are unforeseen changes in a diagnosis or circumstances that could not be reasonably predicted by the veterinarian.

§05.03 | ESTIMATE APPROVAL

The following provision will be referenced when estimates are provided for authorization, and have been authorized by you, your acting agent, or your financing agent.

Should you agree with the estimate provided, you also hereby accept and consent to all the following:

- (01) You acknowledge and understand the attending veterinarian has explained the justification for the diagnostic, and/or treatment plan.*
- (02) You do not require additional explanation or clarification from a veterinarian regarding a diagnostic or treatment plan for the patient, as you have been adequately informed prior to providing consent as required by **Wisconsin Administrative Code VE § 1.02(10)**.*
- (03) You or your acting agent consent to care, have not been unduly influenced by any agent of PAW, and have been adequately informed as required by **Wis. Admin. Code VE § 1.02(10)**.*
- (04) You are the owning caregiver of the patient, or are the authorized acting agent or financial agent of the caregiver, and you accept full financial responsibility for the care provided by PAW Health Network, Inc.*
- (05) You acknowledge and understand that the estimate provided was made with a good faith effort to be accurate to within 15% of the final invoice total.*

§05.04 | ESTIMATE DECLINATION

The following provision will be referenced when estimates are provided for authorization, and have been declined by you, your acting agent, or your financing agent.

By declining the estimate, you, your acting agent or financial agent agree to and accept the following:

- (01) You acknowledge and understand that declining the diagnostic or treatment plan will limit the attending veterinarian's ability make medical judgments or take recommend action regarding the health of the patient and the patient's need for medical treatment.*
- (02) You acknowledge and understand that a preliminary diagnosis cannot be confirmed nor denied, and you, or your authorizing agent, further release and hold harmless the attending veterinarian, PAW, and its affiliates of any outcome, thereafter, including death of patient.*

06

PAYMENTS

§06.01 | PAYMENT

Payment for all diagnostic and treatment plans is due in full at the time of service.

At the request of the caregiver support staff or medical support team, you may be required to place a deposit for your patient's care prior to proceeding with an approved estimate.

We accept cash, debit, or credit through Mastercard, Visa, and Discover. We do not accept American Express.

We accept check payments, but checks may not be written for more than \$500 from a single account.

ALL CREDIT CARD AND CHECK PAYMENTS REQUIRE THE ACCOUNT HOLDER TO BE PRESENT WITH A VALID STATE OR FEDERAL IDENTIFICATION CARD.

You may not claim the credit card or check is a joint account, unless your name is printed directly on the credit card or check. Our staff is trained to only take payment directly from the account holder printed directly on the form of payment.

When requested, PAW can accept payment by socially distanced payment platforms.

§06.02 | CARECREDIT

CareCredit is a third-party lender. CareCredit is a credit card for healthcare costs and is subject to credit approval. If you are approved for CareCredit, you can immediately use your account, up to the amount for which you were approved.

If you decide to apply, you may visit [CareCredit.com](https://www.CareCredit.com) or call 1-800-677-0718.

§06.03 | CHARGE-BACKS

PAW aggressively seeks restitution on debit card or credit card charge-backs or charge cancellations.

By using a debit card or credit card at PAW and choosing to utilize the credit card company's charge-back system, you hereby agree to a \$1,000.00 restitution fee above and beyond any outstanding fees for products or services for which such charge-back withdraws payment. These fees cover immediate administrative costs associated with disputing the charge-back. Thereafter, you will also be responsible for any additional legal or court costs, per Section 01, to recover this restitution fee or other account fees for services performed or products dispensed.

07 HOSPITALIZATION

§07.01 | INPATIENT ADMISSION

The following provision is in effect at PAW should your patient require hospitalization. This provision will be referenced by the caregiver support staff or medical support staff at the time of admission, which will require your consent.

You or your acting agent hereby consent to the following terms:

- (01) Provisions listed in the Care Authorization and Service Agreement*
- (02) Provisions listed in Section 04 Consultation*
- (03) Provisions listed in Section 05.03 Estimate Approval*
- (04) Provisions listed in Section 06 Payment*
- (05) You consent to the administration of medications that are determined to be in the best interest of the patient by the attending veterinarian(s), including medications used for the sole purpose of reducing pain or suffering, regardless of whether such medications were previously discussed or will be provided without my knowledge.*
- (06) If a surgical procedure has been authorized, you acknowledge and understand that unexpected conditions may arise during the procedure which could affect the estimate. If you are unavailable or have not provided applicable instructions, you authorize attending staff to act in the best interest of the listed patient without additional consent.*
- (07) You acknowledge and understand that the attending veterinarian or support staff will attempt to contact you, or your acting agent, before medical or surgical remedies are performed.*
- (08) You acknowledge and understand that you are financially responsible for any remedies that are provided in the best interest of your patient.*
- (09) You hereby release PAW, all owners, all employees, and all affiliates from any liability, loss, damages, or demands for compensation associated with the outcome of any services rendered by employees or agents of PAW, which are not the result of recklessness or intentionally harmful conduct.*
- (10) You acknowledge and understand that certain services may be provided by a veterinary student, certified veterinary technician, or an unlicensed assistant, but only to the extent such person is authorized and qualified to perform such services and only with the supervision or at the direction of the attending veterinarian.*

§07.02 | DYSTOCIA AUTHORIZATION RELEASE

Should your patient be experiencing a dystocia, regardless of outcome, the following provisions control for inpatient admission and associated care.

You or your authorizing agent hereby consent to the following terms:

- (01) You agree to all provisions and associated provisions of section §06.01.*
- (02) You recognize that no services will be rendered immediately upon arrival until inclusion criteria exist, as outlined in §03 Triage.*
- (03) You recognize that you may withdraw your patient from triage at any time, and if you leave your patient in triage, you assume all risks associated with this decision.*
- (04) You recognize that you waive all claims against PAW for outcomes of case management associated with wait times, up to and including death of the patient.*
- (05) You recognize that PAW Health Network Inc. does not have additional staff available beyond those currently on shift to assist with medical or surgical services on behalf of the patient or neonates.*
- (06) You acknowledge that no guarantees are made regarding the outcome of any services rendered.*
- (07) You acknowledge that no guarantees are made regarding the viability of any litter.*
- (08) You release PAW, its owners, doctors, employees, affiliates, agents, and partners of any liability, loss, or damages related to the life or death of any neonates born via vaginal birth or cesarean section which are not the result of recklessness or intentionally harmful conduct.*
- (09) You release PAW Health Network Inc., its owners, doctors, employees, affiliates, agents, and partners of any liability, loss, damages, or demanded compensation associated with the outcome of services rendered.*
- (10) You release PAW, its owners, doctors, employees, affiliates, agents, and partners of any liability loss, damages, or demanded compensation associated with future viability of a female patient to successfully carry and deliver litters in the future, and release any remedy sought by you, your insurance company, or any other entity for the value of the current litter or future litters*

§07.03 | HOSPITALIZED PATIENT COMMUNICATION

Once your patient has been hospitalized, the attending veterinarian assigned to your patient's case is scheduled to call between 6-8am and 6-8pm. Please be respectful and understand that, while these call ranges exist, your communication may occur before or after these intervals subject to the same provisions of triage.

Our attending veterinarians do not contact caregivers before a surgical procedure. It is our standard process that they will contact you after the surgical procedure has been completed.

If, at any time, your patient has an immediate change-of-status, you will receive a change-of-status communication between the scheduled intervals.

08

EUTHANASIA & AFTER CARE

§08.01 | EUTHANASIA PREFERENCES & PROCEDURE

You hereby acknowledge that any decision to euthanize a patient has been freely made. You also acknowledge that should you require additional information or explanation related to euthanasia, the provisions within §04 CONSULTATION of this agreement control.

Following the decision for euthanasia, our caregiver support staff or medical support team will clarify the following preferences before the euthanasia procedure is performed:

- (01) Whether or not you wish to say good-bye and visit with your patient prior to euthanasia.*
- (02) Whether or not you wish to be physically present for the act of euthanasia.*
- (03) Your preference in body care handling, outlined below in §07.02 After Care Options.*

At PAW, we neither judge your decisions for euthanasia nor your preferences for the procedure. All individuals and families are different, and our team is here to support those decisions.

When you choose to be present for euthanasia, the procedure is performed in a non-clinical portion of our facility, as you are not authorized to enter the clinical portions of our facility. The caregiver support staff or medical support team will help direct you to the appropriate location once a location is made available.

When you choose to be present for euthanasia, the procedure is performed utilizing an intravenous catheter. If an intravenous catheter cannot be placed due to patient illness or injury, then a standard needle cannot be placed for the same reasons. An intravenous catheter aids in a smooth transition for your patient and reduces any immediate discomfort from phlebotomy during the procedure.

If the staff is unable to place an intravenous catheter, or if you have an exotic patient, then you will, unfortunately, be unable to be present for the euthanasia procedure as your patient will require special inclusions for euthanasia.

§8.02 | AFTER CARE OPTIONS

PAW facilitates body care with Peaceful Pines Pet Memorials (PPPM) and does not facilitate body care with any other company or organization. If you elect body care with a different company, then you will be responsible for transporting and facilitating body care with that organization.

At the time of euthanasia, you will be provided a leaflet which provides contact information and program details for PPPM.

Should you wish to have tokens (e.g., clay paws, ink impressions, or an urn) you are required to immediately contact PPPM through their website's cart system at pppmemorials.com

PAW is able to offer three different types of body care...

(01) Take-Home Burial

You may take your patient home for burial, whereby we will supply you a burial vessel.

(02) Cremation with No Ashes Returned

Your patient will be cremated, and a portion of their cremains will be scattered on a special area of PPPM's Memorial Park

(03) Cremation with Private Ashes Returned

Your patient will be cremated privately, and you will receive ashes specifically from your patient.

PAW receives cremains within approx. 7-10 business days.

Once cremains are received at PAW, you will be contacted by PAW.

Once cremains are received at PAW, you will have 7 days to claim the cremains, or the cremains will be shipped to you at no additional cost.

09 DISCHARGE

Discharge protocols are the same for all patients, regardless of whether you had a patient hospitalized or the patient was provided outpatient services.

Prior to patient discharge, you will...

- (01) ...settle your invoice in compliance with Section 05 Payments*
- (02) ...be supplied any medications, when applicable*
- (03) ...be provided written discharge instructions, when applicable*
- (04) ... be verbally walked-through medications and/or discharge instructions.*
- (05) ...comply with discharge location and instructions by our caregiver support staff to ease patient transition.*
- (06) ...receive your patient as a final step to discharge prior to leaving the facility.*

There are two discharge locations, [1] north of the main entrance or [2] at the southern isolation entrance. Our caregiver support staff or medical support teams will help direct you to the location where you will pick up your patient.

If your patient has been designated an isolation patient, you, or your authorized agent, will be unable to enter the building into the main lobby or payment areas. These provisions are in place to maintain compliance with our bio-security protocols.

10

CONTINUITY OF CARE

§10.01 | MEDICAL RECORDS

If you have vaccination records or primary care records to share with our doctors, please have them sent to info@pawhealthnetwork.com. These records will be linked to an account once it is available. Be mindful that the records may not be linked at the time of veterinary consultation, but efforts will be made to make them available.

Once your patient is discharged from our care, our attending veterinarians will attempt to complete medical records in a timely fashion. Due to high case volumes, completion of medical records may require several days.

Once complete, if you have noted a primary care veterinarian on your check-in paperwork, the medical records will be processed during regular business hours, Monday through Friday. If at any time records need to be sent to a different facility, you may contact our caregiver support staff.

*Should you require a personal copy of your medical records, then you must comply with **Wisconsin Statute 89.075 | Access to health care records** which states*

The owner of any animal patient of a veterinarian, or any other person who submits to the veterinarian a statement of written informed consent signed by the owner, may, upon request to the veterinarian:

- (1) Receive a copy of the animal patient's health care records upon payment of reasonable costs.*
- (2) Have the animal patient's X-rays referred to another veterinarian of the owner's choice upon payment of reasonable costs.*

PAW does not require payment of a reasonable cost. However PAW does require compliance with state statute, whereby if you wish to receive a copy of your medical records/images, you must send a written request. You may send an email to info@pawhealthnetwork.com simply stating you wish to receive a copy of records once those records are complete.

§10.02 | POST-VISIT FOLLOW UP

PAW is here to be a service to the community. Therefore, if your primary care veterinarian is unable to recheck your patient's condition after your visit with us, we are available to assist with any future needs under the same terms listed herein.

Should you, or your acting agent, have questions regarding care provided or medications dispensed by PAW, you may request a CALLBACK at any time. Please be aware that our call-backs are provided almost exclusively by our certified veterinary technicians or medical support staff. Veterinarians are not required to answer all questions in person, but they may be allocated as a resource to provide answers for your or your acting agents questions.

Please be respectful and understand that these call-backs are also subject to triage when our medical support team is allocated to patients in urgent need. We strive to address any call-back requests within 24 hours of receipt by the Medical Support Team.

It is PAW's official position, if there is any concern regarding the health of your patient, then you must seek immediate recheck regardless of what any representative tells you by phone.

§10.03 | PATIENT ADVOCACY PROCESS

After having your patient seen with us at PAW, if you have a serious concern about the care provided, or you feel that your concerns were not adequately addressed, you may use our Patient Advocacy Process.

*The Patient Advocacy Process is an internal review process which analyzes the validity of claims with the intent of identifying opportunities for growth by the individual and the team. All concerns must be received in writing at patient.advocacy@pawhealthnetwork.com. Please remember to remain polite and civil in all of your communications with PAW staff. **We do not address verbal complaints.***

Once received, the message will be evaluated to determine whether the Patient Advocacy Process will be initiated. Any "venting" emails will be disregarded. If your communications are disrespectful, disruptive, or not solutions-based, they will be disregarded. If the Patient Advocacy Process has been initiated by your written statement, our team will follow up with additional instructions.

Once a judgment has been finalized, it will be sent via email to the original sender's address unless otherwise requested in the written statement.

11

BITE AVERSION GUIDELINES

PAW HAS STRICT BITE AVERSION GUIDELINES AND IS NOT OBLIGATED TO SERVE PATIENTS AT THE COST OF SAFETY.

IF YOUR PATIENT HAS BEEN DEEMED A BITE RISK, IT IS PAW'S OFFICIAL POSITION THAT YOU MUST SEEK SERVICES ELSEWHERE.

When patients are deemed a risk to themselves or the staff, PAW may require that patients receive additional handling safety measures to ensure safety of all parties involved. Regardless of measures performed or omitted, PAW retains absolute discretion to refuse service at any time for any reason.

To aid in identifying additional necessary handling safety measures, PAW classifies patients as either [01] NON-PRIORITIZED BITE RISK PATIENTS where immediate lifesaving services are not required, or [02] PRIORITIZED BITE RISK PATIENTS where immediate lifesaving services are required.

§11.01 | NON-PRIORITIZED BITE RISK PATIENTS

- (01) PAW's official position is that you should seek services elsewhere.
- (02) In lieu of seeking services elsewhere, at the sole discretion of PAW and after executing PAW'S BITE AVERSION MEDICATION WAIVER, PAW may provide you with a small amount of oral sedation medication to aid in patient handling. You shall administer any such medication or PAW shall not provide services to your Patient.
- (03) Following your administration of oral sedation to the Patient, if PAW has entered PRIORITIZED TRIAGE (§03.02), PAW's official position is that you should seek services elsewhere.
- (04) Following your administration of oral sedation to the Patient, PAW may still be unable to handle your Patient at the time of re-presentation. In such a case, PAW's official position is that you should seek services elsewhere.
- (05) In lieu of seeking services elsewhere for a patient who has received oral medication, at the sole discretion of the PAW, PAW may provide your Patient with injectable sedation to facilitate handling.
- (06) In accordance with the PAW's TERMS AND CONDITIONS, you may immediately exit your patient from triage and seek services elsewhere at any time.

§11.02 | PRIORITIZED BITE RISK PATIENTS

- (1) PAW's official position is that you should seek services elsewhere.
- (2) Due to the nature of a prioritized patient, at its sole discretion, PAW may extend a conditional waiver to the BITE AVERSION GUIDELINES whereby a patient may receive preliminary care, but PAW does not guarantee ongoing or future services.
- (3) After executing PAW's BITE AVERSION LIABILITY WAIVER you shall place your patient in a suitable and sufficient restraint device, or place a suitable and sufficient restraint device on your patient. While doing so, you release the doctors, owners, employees, successors, assigns, and affiliates of PAW Health Network, Inc from any liability, loss, or responsibility for damages to yourself, to your patient, or to the restraint device incurred during the placement of the restraint device, while the restraint device is in place, and/or during your handling of your patient. This waiver includes damage to the restraint device or your Patient, caused by your Patient's behavior, while PAW is handling your Patient.
- (4) Following the performance of preliminary care, you are advised to transport your patient to the nearest neighboring facility to continue care. In doing so, you release the doctors, owners, employees, successors, assigns, and/or affiliates of PAW Health Network, Inc. from any liability, loss, and/or damages of yourself, your patient, or any equipment used on your Patient, incurred during transportation.



PAW HEALTH NETWORK INC.

CREATING CLARITY

THESE DOCUMENTS OUTLINE THE TERMS OF YOUR CAREGIVER AGREEMENT WITH PAW NETWORK HEALTH, INC., AND/OR ITS SUCCESSORS AND ASSIGNS ("PAW"). WHEN YOU CHECKED IN WITH OUR STAFF, YOU WERE ASKED TO SIGN A SHORT PATIENT CHECK-IN FORM. THIS WAS DONE TO SHORTEN THE TIME IN WHICH YOUR ANIMAL ("PATIENT") IS PLACED IN THE PATIENT QUEUE. WE STILL REQUIRE YOU TO READ AND SIGN THIS DOCUMENT WHICH INCLUDES A MORE DETAILED LIST OF YOUR RIGHTS AND RESPONSIBILITIES. IF YOU DO NOT AGREE WITH THE TERMS OF THIS AGREEMENT, YOU DO NOT HAVE TO SIGN IT. HOWEVER, YOUR REFUSAL TO AGREE TO THESE TERMS WILL RESULT IN THE WITHDRAWAL OF YOUR PATIENT FROM THE TRIAGE QUEUE. BY SIGNING THIS AGREEMENT, YOU ARE STATING THAT YOU AGREE WITH ITS TERMS.