

## **AMC TO THE RESCUE: Policies and Procedures**

# **About the Funded Program**

The Animal Medical Center (AMC) has created a Community Fund called AMC TO THE RESCUE, established specifically to assist animals currently in the care of rescue organizations that are in need of specialty healthcare in order to increase the chances of adoption of animals whose health has become an obstacle to finding their "forever home."

The Animal Medical Center understands the plight of those who operate rescue groups and the often limited funds available for treatment of animals beyond general care. Therefore, through AMC TO THE RESCUE, we will provide a means for some of these animals to receive much needed specialty care. We encourage you to review the health of the animals in your care and determine if you have a case which may benefit from the specialty care and treatment provided by our board certified veterinary specialists. Our specialties include:

- Cardiology
- Dentistry
- Dermatology
- Diagnostic Imaging
- Critical Care
- Hematology & Transfusion Medicine
- Internal Medicine
- Interventional Endoscopy
- Interventional Radiology

- Neurology
- Neurosurgery
- Oncology
- Ophthalmology
- Orthopedic Surgery
- Radiation Oncology
- Rehabilitation and Fitness
- Renal Medicine and Dialysis
- Soft Tissue Surgery

Please note: At this time, this funded program is only available to rescue groups in New York, New Jersey, Connecticut and Pennsylvania.

### **Application and Approval Process**

We have provided an AMC TO THE RESCUE application on our website. This application should include <u>all the required documentation</u>, including an assessment from your local veterinarian and your organization's proof of 501(c)(3) status (an IRS letter of intent). Once the application has been received, it will be reviewed by a team of doctors who will determine whether the case may be treated through the funded program. Candidates will be chosen based on their age, ability to obtain improved health, well-being, quality of life and/or the ability to add additional years to the animal's lifespan through the healthcare treatment provided. A final decision will be made once our doctors have determined that treatment is required and that the pet will benefit from this care. The AMC reserves the right to accept or deny any of the cases submitted for care, regardless of whether the rescue organization applying has been accepted for a prior case. You will receive an email and/or phone call notifying you of approval or denial of your application.

#### **Associated Fee**

Once an animal has been accepted into the program and healthcare services are rendered, the rescue organization is required to contribute \$180 to The AMC. We will only provide care for those patients who have received acceptance into the AMC TO THE RESCUE funded program. *Please note that the funds for this program are limited, therefore, we can only accept three (3) cases per rescue organization per year.* 

### **Appointments and No Show Policy**

Once your application has been approved, an AMC representative will contact you to schedule an appointment. All appointments must occur within four (4) weeks of case approval, unless the AMC has a scheduling conflict, or you may forfeit funding for the case.

We understand that there are times when you must miss an appointment due to unforeseen circumstances. However, when you do not call to cancel an appointment, you may be preventing another pet from receiving much needed care. If an appointment is not cancelled at least 24 hours in advance you may forfeit your eligibility to apply for any new cases for the remainder of the calendar year. To cancel an appointment, please call (212) 838-7053.

### **Delivery of Pet to The AMC**

On the day of the pet's procedure, an authorized representative of the rescue <u>must</u> arrive with the pet and remain at The AMC for the <u>entire</u> intake process. Upon discharge from the hospital, the pet may be picked up by a driver or other representative.

#### Marketing of AMC TO THE RESCUE

In return for our provision of subsidized specialty healthcare to your organization, The Animal Medical Center requests that any mention of care provided to the pet we've treated refers to us by name in any marketing and/or promotional materials you may produce, including, but not limited to, web and social media posts, flyers, handouts, etc. As part of your acceptance of funding, we reserve the right to review any materials mentioning The AMC prior to distribution. We will ensure that our review of such materials will be turned around within a 24 hour period in most cases. The AMC will, in turn, promote these pets and your rescue organization through our own social media channels.

## **Ongoing Care of Adopted Pet**

Once an animal has been selected and treated through AMC TO THE RESCUE, the adopting pet parents (found through your rescue organization) will receive a 20% discount for specialty care at The AMC for the lifetime of the pet. If a pet submitted through the application process of AMC TO THE RESCUE is not selected for treatment, please note that all verified 501(c)(3) rescue groups are eligible to receive a 20% discount for treatment of any of their animals at The AMC. Please keep us posted on the pet's adoptive status, so we can offer this discount to the pet's adoptive parents.

## **Photography and Story Release**

If an animal is accepted into the AMC TO THE RESCUE program and receives treatment at The Animal Medical Center, we will be granted permission by the rescue organization and subsequent adoptive pet parents to utilize the pet's name and/or photograph (still or video) and his/her story for promotional purposes, in connection with the AMC TO THE RESCUE funded program.

## Acknowledgement

| Please sign and date this form as ackr | nowledgement of your | acceptance of the poli | cies and procedures |
|--|----------------------|------------------------|---------------------|
| of The Animal Medical Center's AMC     | TO THE RESCUE funder | d program as stated ab | ove.                |

| Name of Rescue Organization            | Name of Authorized Representative |
|--|-----------------------------------|
|  |                                   |
| Signature of Authorized Representative | Date                              |