



CITY OF LOS ANGELES
DEPARTMENT OF ANIMAL SERVICES
POLICIES and PROCEDURES



GOOD SAMARITAN PROGRAM

Date Issued: **December 13, 2010 (Rev)**

Division Code: **MED**

7

POLICY

To provide a simple method for persons who are willing to pay for critically needed medical care for impounded pets/animals to act as Good Samaritans, without expectation of rewards such as fee waivers.

This program replaces any prior “medical fostering” practices but does not replace our existing Baby Bottle Foster Program for neonates. The Good Samaritan Program is the only medical fostering program approved.

RESPONSIBILITIES

Approval for a pet to enter the Good Samaritan Program must be done by a Department Veterinarian.

The ACT Supervisor(s) at the specific Animal Care Center is responsible for processing the Good Samaritan form and arranging for transportation of the pet/animal to the private veterinarian.

PROCEDURE

To Private Veterinarian

- Upon the request of a private individual and/or organization, the Department Veterinarian will make the decision as to whether or not to allow the pet/animal to be taken for treatment. The pet/animal involved may be an owner surrendered pet, a stray pet/animal that is within its holding period, or a stray pet/animal that is available for adoption.
- If the Department Veterinarian so decides, the pet/animal may be cared for at a private veterinary hospital. This facility would be at the discretion of the person willing to pay for the medical care (the “Good Sam”). It must be a veterinary hospital with a current CA premise permit and within the typical working area of the Department.
- The Good Sam and Department Veterinarian will complete and sign their parts of the Good Samaritan Agreement Form 110. The participating private veterinarian must also sign the form. If urgent medical care is necessary, the private veterinarian may fax a signed copy to the Animal Care Center to expedite matters.
- The Good Sam must be informed that, if the pet/animal needing medical care is a stray, the owner may present him/herself and redeem the pet and that the City cannot require the owner to reimburse the Good Sam.

- Prior to leaving the Center, a “Good Sam” Memo is to be placed in Chameleon by the Department Vet or RVT listing the name, address and phone numbers of the Good Sam, as well as the private veterinarian.
- The RVT will update Kennel record to show GOOD SAM kennel number and enter in the Animal Treatment window:
 - Visit Type- To Private Vet
 - Visit Reason- Good Sam
- The ACT Supervisor will arrange transportation to the private veterinary hospital once all paperwork is completed and Chameleon entries have been completed.
- Medical staff is responsible to follow up on Good Sam cases to get status on the animal's health and monitor when the animal will be returned.

From Private Veterinarian

- When private hospitalization ends and the pet/animal is returned to the Animal Care Center, the RVT will enter in the Animal Treatment window:
 - Visit Type- From Private Vet
 - Visit Reason- Good Sam
- The Good Sam will be given First Right of Refusal to adopt the pet/animal. All fees must be paid. Adoption, microchipping, vaccinations, exit evaluations and spay/neuter arrangements must all be completed with the pet and adopter in person at the Center.
- If the Good Sam paid for medical care for a mother and neonates, then the Good Sam will be given First Rights of Refusal to adopt the mother and one pick of the litter. All fees must be paid. Adoption, microchipping, vaccinations, exit evaluations and spay/neuter arrangements must all be completed with the pet and adopter in person at the Center.
- In the event that the necessary hospitalization of the animal goes beyond the date of availability, and the Good Sam wants to exercise his or her first rights, the adoption contract and fees can be paid by the Good Sam at the Animal Care Center without the pet being physically present. The Department Veterinarian must concur and provide a D-300 form at the time of adoption. The private veterinarian will need to microchip and vaccinate the pet and confirm that the pet will be sterilized when health allows.



GOOD SAMARITAN PROGRAM

www.laanimalservices.com



East Valley []
213-485-8613 *ph*
818-756-9110 *fax*

Harbor []
213-485-8755 *ph*
310-548-7428 *fax*

North Central []
213-485-8855 *ph*
213-847-0555 *fax*

South LA []
213-485-0214 *ph*
213-847-0554 *fax*

West LA []
213-485-0494 *ph*
310-207-4965 *fax*

West Valley []
213-485-8405 *ph*
818-756-9111 *fax*

Animal Impound #	Impound Date	Microchip #	Review Date	Good Sam P#
A				P
Canine []	Color	Breed	Male []	Neutered []
Feline []			Female []	Spayed []
Good Sam Name: _____ Date: _____				
Address: _____				
Street Address/City _____ Zip Code _____				
Phones: _____ Wants First Rights (Y/N)? _____				

Name of Clinic: _____

DVM _____ Phone: () _____

Address: _____

Street Address/City

Zip Code

Fax: () _____

Important Program Highlights

- Good Sam and Veterinary Hospital understand and agree that the Good Sam is solely responsible for payment of all services rendered.
- Good Sam understands and agrees that, in the event the animal's owner is located, the animal will be returned to the owner. Further, the owner is under no obligation to reimburse the Good Sam for any medical treatment given.
- Good Sam understands and agrees that, once the animal is available for adoption, he/she has the option of adopting the animal. If the Good Sam wishes to adopt, all fees must be paid at the Animal Care Center (depending on its medical condition, the animal may or may not be required to be present at the Center at the time of adoption).
- Good Sam and Veterinary Hospital understand and agree that this animal is the property of LA Animal Services. As such, this animal may not be released to anyone other than a LA Animal Services employee without direct, written approval by a Department Veterinarian.

Good Sam _____ Date _____

For Veterinary Hospital _____ Position _____ Date _____

For LA Animal Services _____ Position/Employee # _____ Date _____

FOR LAAS USE:

Pet delivered to clinic on: _____ Pet returned to center from clinic on: _____
By: _____ PID#: _____ BY: _____ PID#: _____