



# LAAS Good Samaritan Program

Administrative Office, 221 N. Figueroa St., Suite 500  
Los Angeles, CA 90012  
(213) 482-9558

## **Instructions and Information**

### For Impounded Pets Needing Critical Veterinary Care

1. If a department veterinarian determines that the animal is in need of critical veterinary care, which cannot be provided by the Department, a pet may be cared for at a private veterinary hospital if a Good Samaritan (private citizen) is willing to pay directly to the private veterinary hospital, all medical costs relative to the care and treatment of the pet. The private veterinary hospital would be at the citizen's (Good Sam) choosing, but must be within the LA City limits, must be a veterinary hospital with a current CA premise permit, and the Good Samaritan must make all financial arrangements with the private veterinarian prior to the pet being transported.
2. Pets entering the Good Samaritan Program must be approved by a Department Veterinarian.
3. A Good Samaritan Agreement Form (downloadable from the Department's website at [www.laaanimalservices.com](http://www.laaanimalservices.com)) must be filled out and signed by the veterinary hospital and the Good Samaritan and approved by LAAS Supervision (ACT Supervisor and District or Chief Veterinarian) prior to the pet being transported. Evidence animals are prohibited from participating in the Good Samaritan program.
4. Prior to leaving the Center, the medical staff will place a Good Sam Memo in Chameleon listing the name, address and phone number of the Good Samaritan as well as the private veterinarian's name, facility, address and phone number.
5. LAAS will transport the pet to the private veterinary hospital only after the Good Samaritan has made financial arrangements with the private veterinary hospital, all paperwork is completed and approved, and Chameleon entries have been completed.
6. Once the pet is available for adoption, the Good Samaritan individual will be given First Rights for the first hour of the review/available date to adopt the pet. All fees must be paid. Green or red-listing the pet is at the discretion of LAAS supervision. The animal does not need to be present at the time of adoption. A D-300 shall be issued if spaying or neutering is deferred and follow-up shall be conducted by the medical staff to ensure that the pet is spayed/neutered as well as microchipped once the animal has fully recovered.
7. If the pet is released from the private vet prior to the review/available date, the pet must be picked up from the private veterinary hospital by a Department employee.
8. If the Good Sam paid for private veterinary care for a mother and neonates, the Good Sam will be given First Rights to adopt the mother and one pick of the litter.



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## Applicant Information

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First*

Address: \_\_\_\_\_  
*Home Street Address*

Phones: \_\_\_\_\_ Applicant P# \_\_\_\_\_

Pet Description: **Breed:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Color(s):** \_\_\_\_\_

Pet I.D. #: \_\_\_\_\_ Review date: \_\_\_\_\_ Microchip #: \_\_\_\_\_

Does Applicant want first rights of adoption? Yes No

By signing this form, I agree to pay for services rendered to this pet not to exceed \$ \_\_\_\_\_.

Good Sam. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Veterinary Hospital Site

Name of Clinic: \_\_\_\_\_

DVM \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address City Zip Code*

Hours of Operation: \_\_\_\_\_

Clinic understands the above applicant will pay for all veterinarian services rendered not to exceed the amount specified and as discussed with the above Good Sam. Clinic further understands that LA Animal Services is not financially responsible for this pet. However, the pet is the property of LA Animal Services and must be returned to LA Animal Services when treatment is finished or when Good Sam is unwilling/unable to fund the treatment.

Approved by LA ANIMAL SERVICES

Signature/ID #/Date:

Center DVM or ACT Supervisor

We accept and agree to program guidelines as described herein.

Clinic Signature/Date:

Pet delivered to clinic on: \_\_\_\_\_  
By: \_\_\_\_\_ PID#: \_\_\_\_\_

Pet returned to center from clinic on: \_\_\_\_\_  
BY: \_\_\_\_\_ PID#: \_\_\_\_\_