ACKNOWLEDGEMENT AND CONSENT FORM

Name	Signature	Date (MM-DD-YYYY)
Acknowledgment and Consent, understan	d it, agree to abide by it an	acknowledge that I have read the Hospital's ad voluntarily consent to the Hospital's and/or ure, and destruction in accordance with the
Your Information will be destroyed by the purpose unless applicable law requires it t		dor when it is no longer needed for its original er period.
secured by the affiliates of the Hospital of System Vendors treat your information as	housed on affiliated or thin or System Vendor, and acc confidential and exercise r ions will only be retained b	rd-party cloud servers that are maintained and ressible by the Hospital. The Hospital and its reasonable care to protect it from disclosure to y the Hospital for so long as necessary for the
The Hospital and its System Vendor will may use anonymized information therefro		or otherwise profit from your information, but ical insights for use by the Hospital.
care, perform quality control review relate	ed to the treatment, and ass	ry to transcribe notes relating to providing pet sert or defend claims related to providing our are not retained as part of medical records.
"System Vendor") to provide the Appli	s Scribenote (provided by cation used to record and	Scribenote, Inc.) or other similar vendors (the I transcribe conversations ("Transcriptions") sent, while fulfilling our customers' pet care
appointment by traditional means if you	do not wish to consent to to bllects, stores, uses, and des	optional, and we will record notes of the the recording and transcription of your voice. stroys any voice recordings and/or transcripts, compliance with applicable laws.
to record and transcribe notes from conve assists our veterinary team by recording	technology application util rsations during veterinary a and transcribing veterinar The veterinarian will then re	izing artificial intelligence (the "Application") appointments. This AI-powered scribe system y consultations to enhance the accuracy and eview, edit, and finalize the medical records to
As part of our commitment to prov		care for our customers and their pets, spitals (collectively the "Hospital") may, with

Client Account number:

Hospital Representative