



Treatment & Testing Authorization

Pet Name _____ Client Name _____

Veterinarian _____ Hospital Name _____

Address _____

Veterinarian Phone# _____ Fax or Email _____

Veterinarians Treatment Plan and Testing:

I authorize Pet n' Vet Support Services or a representative of Pet n' Vet Support Services (PVSS) to perform treatments and tests for my client's pet. I authorize with the complete understanding that procedures will be performed within the client's home and possibly in the absence of the client. I do not authorize PVSS to make any diagnoses, assessments, treatments plans, discusses the interpretation of test results, and/or change orders of a treatment plan. PVSS will send all results and updates directly to the client's Veterinary Hospital. I do not authorize treatments or tests to be done against my current authorized orders unless a treatment or test plan has been changed in writing. I exempt my Veterinary Hospital for being liable for any preformed treatments and/or tests that have not been authorized by my Veterinary Hospital. It is expressly understood PVSS is a separate entity and will be liable for any medical related treatment or testing done within the client's home in the event of negligence. PVSS agrees to provide the services stated in this agreement in a reliable, caring, trustworthy manner. In the consideration of these services and as an express condition thereof, the Veterinary Hospital waives and relinquishes any and all claims against the PVSS, except those arising from negligence of PVSS or a representative of PVSS.

Veterinarian Signature _____ Date _____

Client Veterinary Treatment & Testing Authorization:

PVSS has my permission to perform in-home medical treatments and or tests ordered by my veterinarian. It is expressly understood that PVSS cannot make any diagnoses, assessments, treatments plans, discusses the interpretation of test results, and/or change orders of a treatment plan. I authorize PVSS to perform these treatments and tests in my absence. Furthermore it is understood that PVSS is acting under my veterinarian's indirect supervision within my home. I will be responsible for all medical expenses and damages resulting from an injury to the pet care provider of PVSS. I agree to indemnify, hold harmless, and defend PVSS, in the event of a claim by any person injured by the pet(s). I authorize you to treat and/or hospitalize my animal(s) and I will be fully responsible for all fees and charges and will pay for all charges that are incurred on my behalf, or immediately upon my return if absent.

Client Name _____

Address _____

Home Phone _____ Mobile Phone _____

Work Phone _____ Email _____

Client Signature _____ Date _____