



VETERINARY TESTING & AUTHORIZATION

Animal's Name _____ Client's Name _____

DVM _____ Hospital Name _____

Address _____

Phone _____ Email _____

Veterinarian Treatment Plan and Testing

I authorize Hands On Companion Animal Service (HOCAS) to perform treatments and tests for my client's animal. 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 HOCAS to make any diagnoses, assessments, treatments plans, discuss the interpretation of test results, and/or change orders of a treatment plan. HOCAS 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 performed treatments that have not been authorized by my Veterinary Hospital. It is expressly understood HOCAS 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. HOCAS 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 HOCAS, except those arising from negligence of HOCAS.

Client Veterinary Treatment & Testing Authorization

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

Client Signature

Date