



At-Home Treatment Authorization

Pet Name _____ Client Name _____
Hospital Name _____ Veterinarian _____
Hospital Address _____
Veterinarian Phone# _____ Email _____

I authorize Traveling Animal Nurse (TAN) 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 TAN to make any diagnoses, assessments, treatments plans, discuss the interpretation of test results, and/or change orders of a treatment plan. TAN 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. TAN 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 TAN, except those arising from negligence of TAN.

Reason for Referral:

Brief History:

Treatment/ Medications:

Client Communication:

Veterinarian Signature _____ Date _____

Client Veterinary Treatment Authorization:

TAN has my permission to perform in-home medical treatments and or tests ordered by my veterinarian. It is expressly understood that TAN cannot make any diagnoses, assessments, treatments plans, discuss the interpretation of test results, and/or change orders of a treatment plan. I authorize TAN to perform these treatments and tests in my absence. Furthermore it is understood that TAN 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 TAN. I agree to indemnify, hold harmless, and defend TAN, 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.

Client Signature _____ Date _____