

Brief Client Information Sheet

New Client: ____ Update for Current Client: ____

Previous Herd Veterinarian (if applicable): _____ Dates of Service: _____

Type and number of Animal(s):

Client Name: _____

Authorized agents named by client: _____

Home phone number: _____ Mobile Phone Number: _____

Office and/or Barn phone number:

E-mail address: _____

Mailing Address: _____

Shipping Address (if different from mailing address):

Animal Location: _____

Preferred payment option (circle one): Cash/Check Visa/Mastercard (if available)

Directions:



Clover Acres Livestock Veterinary Services, LLC

PO BOX 72, Proctorsville, VT 05153

1-866-814-5755

www.cloveracresvet.com

info@cloveracresvet.com

Consent for Routine Care

I, the owner of the following animals _____ (horse, cow, flock of sheep, etc.), or any other animals I may own in the future, consent to the provision of routine veterinary services by Clover Acres Livestock Veterinary Services, LLC when such services are needed for my animal(s).

In the event I am unavailable, I authorize a) _____ and/or b) _____ to act as my agent(s), and to request care while serving in that capacity. The contact information for these people is as follows: a) (_____) _____ b) (_____) _____.

I agree to pay the fees incurred for the veterinary services at the time of service or, if I am not there, upon receipt of an invoice or billing statement, whichever comes first.

Signature of Owner _____ Date

Consent for Emergency Care

In case an emergency occurs when I, the owner, cannot be reached, I authorize the above-named agent(s) to request emergency services from Clover Acres Livestock Veterinary Services, LLC for the above animal(s) or any other animals that I may own at that time. I agree to pay for such veterinary care, not to exceed \$ _____, within a thirty-day period.

Signature of Owner _____ Date

Consent for Referral for Specialty Care

If an illness or injury suffered by one or more of the above named animals, or any other animals I may own in the future, is so serious that it requires a referral for specialty care, I authorize the attending veterinarian to refer such animal(s) for specialty care to one of the following (indicate your choice by initialing one):

- _____ 1. The _____ referral hospital
- _____ 2. The referral hospital of Dr. Johnson's choice
- _____ 3. The referral hospital selected by one of my above-named agents.
- _____ 4. Under no circumstances will I approve a referral for specialty care.

I impose a \$ _____ limit on such specialty care until my agent consents to more than this amount or I am contacted and provide(s) permission to proceed with more extensive veterinary care.

Signature of Owner _____ Date



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Assumption of Risk and Responsibility for Animal Restraint by an Owner in an Ambulatory Setting

Client's Name _____ Patient(s) Name(s) _____

I understand that the restraint of my animal during examinations and basic treatments offered by this ambulatory veterinary practice involves some risk of injuries to myself, my animal, agents of mine, bystanders, and/or the veterinarian/staff. These injuries can be caused by various actions including, but not limited to, bites, kicks, scratches, attacks, and/or sudden movements. As the animal's owner, I am fully aware of such risks and understand that because of the nature of the attending veterinarian's solo or ambulatory style of veterinary practice, I may be or will be required to assist with the restraint of my animal(s).

I have been informed or am aware that while other veterinary practices may provide support staff to restrain or assist in the restraint of animals, such assistance generally is not available with veterinary care provided by this doctor and/or an ambulatory practice of this nature. Nonetheless, I request that veterinarians associated with this practice proceed with examinations and appropriate treatments. I am aware that, in some cases, my animal may need to be sedated or anesthetized to provide a safer environment for a complete examination. I agree to assume the risks and responsibilities for the occurrence of any injury or other mishap caused by my animal to himself/herself, the veterinarian, my agents, bystanders, and/or myself.

In the event my animal has shown aggressive behavior toward people or other animals, I agree to inform and advise the attending veterinarian of such tendencies before restraint and/or medical care is initiated. I understand that this consent form applies to all animals that are owned by me or are in my custody or care and is not limited to the one or more animals being examined at the time of this visit.

I am aware that the practice of veterinary medicine is not an exact science and, thus, there are no guarantees for successful treatment. I have been encouraged to discuss any questions I may have and have them answered to my satisfaction. In the absence of negligence, I agree to hold the doctors and staff at this veterinary practice harmless for the lack of response to treatment or any ill effects experienced by my animal(s). I hereby consent to the restraint, examination, and treatment of my animal(s) and accept responsibility for the fees that will be explained and assessed.

Signature of Owner or Authorized Agent

Date



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Client AMDUCA Compliance Statement and VCPR Agreement

Prior to the Animal Medicinal Drug Use Clarification Act (AMDUCA), the extralabel use of animal drugs, even by licensed veterinarians, was illegal under the Food, Drug, and Cosmetic Act. The FDA recognized, however, to alleviate animal pain and suffering, it is often necessary to use drugs in an extralabel fashion. Yet, veterinarians wanted the assurance of working within the law. AMDUCA legislation was, therefore, initiated as an effort to codify the veterinarian’s ability to administer drugs in an extralabel manner.

Extralabel use of a drug may include a route, dosage, duration, frequency, indication or species not included in specific product labels. The regulations allow practitioners flexibility and include sufficient safeguards to protect public health and provide safe food.

AMDUCA requirements are as follows. It is important to remember that extralabel drug use (ELDU) is supposed to be the exception, not the rule.

- ELDU is permitted only by or under the supervision of a veterinarian.
- ELDU is allowed only for FDA-approved animal and human drugs. AMDUCA does not provide for extralabel drug use of non-approved drugs.
- A valid veterinarian/client/patient relationship (VCPR) is a prerequisite.
- ELDU is for therapeutic purposes only, when the animal’s health is suffering or threatened.
- Rules apply to dosage form drugs and drugs administered in water. (ELDU in feed is prohibited.)
- ELDU is not permitted if it results in a violative food residue or any residue, which may present a risk to public health.
- The FDA has restricted the use of certain drugs.

The veterinarian bears responsibility for producer records. It is important to reconcile the quantity of drugs, number of animals and identity of animals. The records must be sufficient to identify the animal. In the event that the FDA asks to access the records (in order to assess extralabel drug use that the agency has determined may present a risk to the public health) a system must be in place. The system should record:

- Identity of the animal as an individual or a group.
- Animal species treated.
- Number of animals treated.
- Condition treated.
- Name of drug and active ingredient.
- Dosage prescribed and amount of drug given.
- Duration of treatment
- Specific withdrawal or withholding for any derived food.

The records need to be kept for two years and be available for inspection by the FDA.

The FDA incorporated AVMA’s definition of VCPR into its extralabel use regulations. A VCPR exists when all of the following conditions have been met:

- The veterinarian has assumed the responsibility for making medical judgments regarding the health of the animal(s) and the need for medical treatment, and the client (owner or other caretaker) has agreed to follow the instruction of the veterinarian.
- There is sufficient knowledge of the animal(s) by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition to the animal(s). This means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal(s). The veterinarian is acquainted through an examination of the animal(s) or by medically appropriate and timely visits to the premises of the client.
- The practicing veterinarian is readily available for follow-up in case of adverse reactions or failure of the regimen of therapy.

I have read this statement and acknowledge _____ has a veterinarian/client/patient relationship (VCPR) with my operation. My employees and I agree to use all prescription drugs and extralabel drugs as prescribed. I agree to keep records as outlined on behalf of my veterinarians.

Signed: _____ Date: _____

Printed name: _____

Farm name and address: _____