

Owner and Pet Name: *enter*

Date: *enter*

Thank you using this service and allowing our veterinary staff at Hardin Valley Animal Hospital to employ this technology and add another facet to the holistic care approach we strive to provide.

Please be advised this service is not a substitute in all situations for a comprehensive in person visit to your veterinarian. The consultation provided may result in the recommendation for an on-site hands-on visit to see the veterinarian or possibly a recommendation for your pet to be taken to an emergency services provider.

Veterinarian Client Patient Relationship (VCPR): In order to provide this service the VCPR relationship must exist. VCPR is defined as follows by the Tennessee Board of Veterinary Examiners Under the Tennessee Veterinary Practice Act, Section 63-12-103:

*(A) The veterinarian has assumed responsibility for making clinical judgments regarding the health of the animal and the need for medical treatment, **has obtained informed consent, and the client has agreed to follow the veterinarian's instructions;***

(B) The veterinarian has sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of the medical condition of the animal;

(C) The veterinarian has seen the animal within the last twelve (12) months or is personally acquainted with the keeping and care of the animal, either by virtue of an examination of the animal or by medically appropriate visits to the premises where the animal is maintained within the last twelve (12) months;

(D) The veterinarian is readily available or has arranged for emergency coverage for follow-up evaluation in the event of adverse reactions or the failure of the treatment regimen;

(E) The veterinarian must maintain medical records as required by the board of veterinary medical examiners; and

(F) The veterinarian-client-patient relationship cannot be established or maintained solely by telephone or other electronic means.

By checking the box, I understand:

1. The consulting veterinarian has assumed responsibility for making clinical judgments regarding the health of the animal and the need for medical treatment and I agree to follow the consulting veterinarian's instructions.
2. My veterinarian has explained to me how the video conferencing technology will be used and that a consultation will not be the same as a direct patient/veterinarian visit due to the fact my pet will not be in the same room as my veterinarian.

3. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my veterinarian or I can discontinue the telemedicine consult/visit if it is felt the videoconferencing connections are not adequate for the situation.
4. I understand that my information may be shared with other individuals for scheduling and billing purposes. Others (Hardin Valley Animal Hospital employees) may also be present during the consultation other than my veterinarian. The above mentioned people will all maintain confidentiality of the information obtained.
5. I understand that billing will occur as part of this service as an upfront charge for the consultation and if a subsequent in-house follow-up exam is required, the cost of this consultation will be deducted from the follow-up in-house exam.

By checking the box below, I certify:

- I have read or had this form read and/or had this form explained to me.
- I fully understand its contents including the limitations of this telemedicine consultation.
- I have been given ample opportunity to ask questions and any questions have been answered to my satisfaction.

Insert Check Box here