

# **AlignCare™ Incremental Veterinary Care Guide**

## **Providing Clinical Care through Incremental Case Management**

### **Introduction**

The purpose of this guideline is to expand access to veterinary care by assisting the veterinary care team in utilizing incremental veterinary care as a case management strategy. While it is primarily intended for AlignCare™ veterinary service providers, it is hoped that it will eventually provide guidance for the veterinary medical profession as incremental veterinary care becomes better characterized and described.

Incremental veterinary care reduces the cost of care while trying to achieve positive health outcomes for the patient. It facilitates a relationship between veterinarian, client, and patient. Also, the electronic health record creates a database that is searchable, collatable, consistent, and reproducible.

Broad parameters will be developed for use during the AlignCare™ project. Because evidence-based veterinary medicine is currently in its infancy, information will be compiled and refined to provide an evidence-based analysis of incremental veterinary care as a legitimate case management strategy. AlignCare™ will be developing a database of incremental veterinary care case management results. This will serve as a reservoir of information for the veterinary profession regarding the use of evidence-based medicine. Information to be collected includes: signalment, history, physical exam, provisional diagnosis, prognosis, case management decisions, and outcomes. An updated guide will be developed from broad case experiences of the study to be shared with the veterinary profession.

### **Definition of Incremental Veterinary Care**

Incremental veterinary care is patient-centered, experience-based medicine focused on a problem-solving approach to achieve the best possible outcomes for the family and human-animal bond in the context of limited resources. Experience-based medicine is a case management style based on the practitioner's clinical experience and judgment relative to the management of various clinical presentations. Part of the responsibility of the veterinarian is to educate the client about the most pressing issues and guide them with allocating their money towards what is most helpful for the pet.

Incremental veterinary care is a case management strategy that utilizes the intuitive judgment of the veterinarian to develop a tiered diagnostic and dynamic therapeutic options over time approach. Non-critical procedures are avoided to help control costs. It relies on the clinical judgment of the veterinarian, active follow-up of case progression, and, when appropriate, in-home care that can be provided by the client. In addition, there is a focus on prevention, and early diagnosis and intervention.

Incremental veterinary care is a viable alternative to being unable to help the patient. In those situations where gold standard care is not possible because of financial constraints, it provides an alternative to strengthen the integrity of human-animal bond.

In the past, terms commonly used to describe this medical approach have been “empirical medicine” and “intuitive medicine.”

### **Incremental Veterinary Care Case Management Approach**

Although it is difficult to predict every type of case that will be seen, the authors' past experience indicates that the majority of clinical case presentations can be handled by an incremental veterinary care case management approach. Since the veterinary practitioner's clinical judgment is primary to the success for this type of care, clinical experience and exposure to a broad ranging case load are key components to such clinical judgements.

This tiered diagnostic and dynamic therapeutic options over time approach minimizes diagnostic backup and maximizes the veterinarian's judgment based on their past experience. Therefore, an extra emphasis is placed on the pet's primary caregiver and veterinary team to closely monitor the clinical response of the patient, requiring a commitment of timely and accurate ongoing communication between the two.

The pet's primary caregiver is the person who actively participates in the medical care of the pet and is committed to collaborating and coordinating with the veterinary team. The capability of the primary caregiver to communicate with the veterinary team, as well as carrying out recommendations, need to be considered when developing a treatment plan. These two factors are prognostic indicators.

Key components:

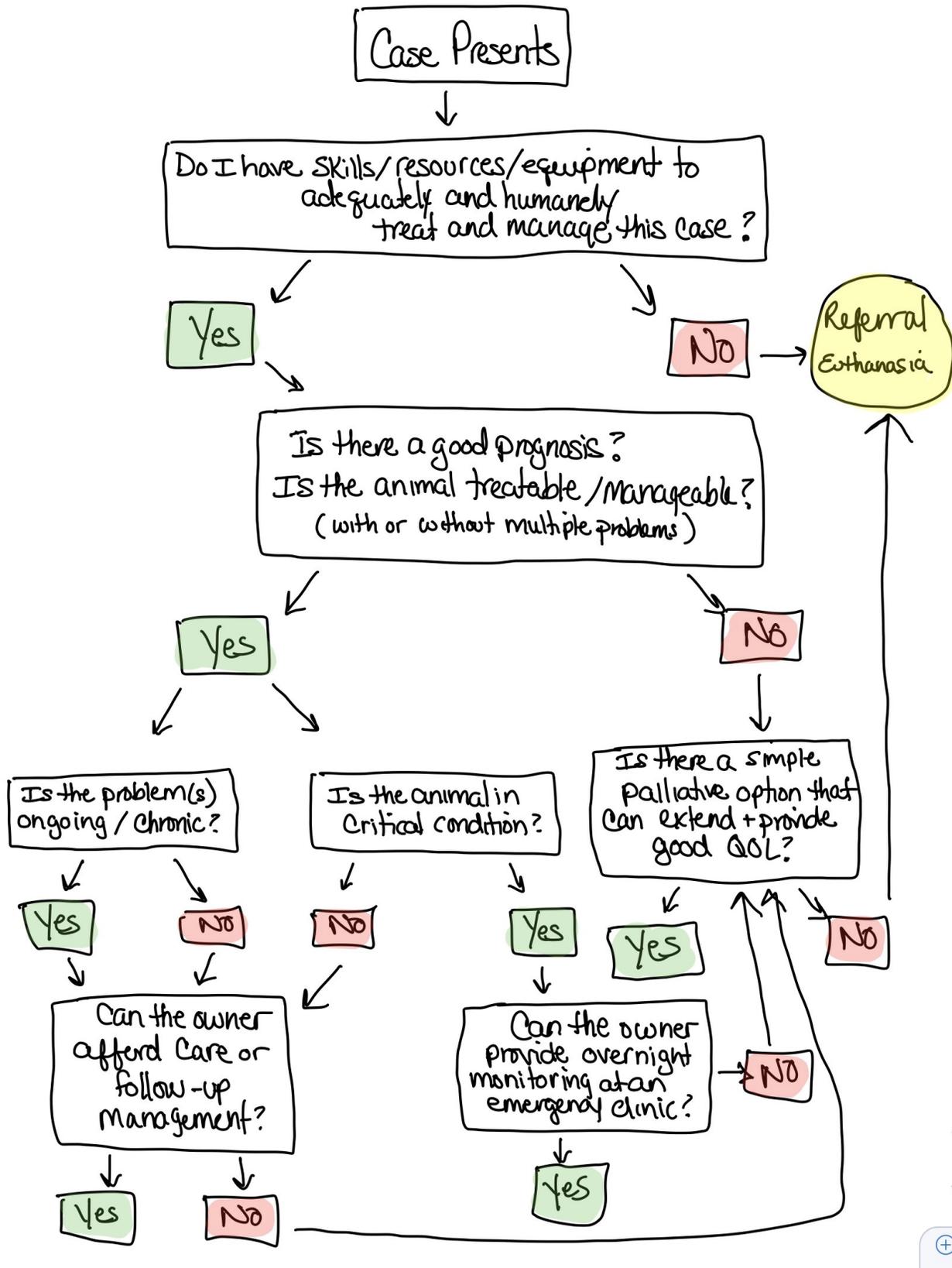
- Practical-minded approach by a veterinary practitioner
- Team medicine approach with clear communications
- Facilities and available equipment
- Trained and motivated support staff
- Client communication
- Client acceptance and compliance
- Use of new technology options (e.g., telehealth) to help lower costs

The above components are key for any veterinary practice but are particularly important for those scenarios where diagnostic backup is minimized and veterinary judgement based on experience is maximized, as is the case with incremental veterinary care, as a case management approach.

Although veterinarians may choose different parameters when dealing with a client with significant financial limitations, the following are suggested to be used for objective patient evaluation:

1. Do I have the skills/resources/equipment to adequately and humanely treat and manage the case?
2. Is there a good prognosis? Is it treatable? Is it manageable? Are there multiple problems?
3. If it isn't treatable or manageable, is there a simple palliative option that can extend and provide good quality of life?
4. Is the problem an ongoing or chronic condition?
5. Can the owners afford follow-up care or management?
6. Can the owners provide overnight monitoring at an emergency clinic if it is necessary?
7. Is this animal in critical condition?
8. Would significant amounts of money make a difference in a positive outcome?

Incremental Veterinary Care Decision Tree:



Note: The yellow circle represents two options, referral or euthanasia. Referral could be to:

1. Another veterinarian
2. An animal rescue organization
3. A veterinary social worker or social service agency

### **Example of Incremental Veterinary Care Case Management:**

#### **Case: Whitey**

Signalment: 5 YO MN Samoyed mix

CC: Excessive scratching, squinting of right eye. Client has limited funds.

PE: Flea dirt on integument, squinting and tearing OD with a 1 cm linear corneal erosion.

A: Fleas with pruritis, corneal erosion OD

- P:
1. Fast-acting flea treatment
  2. Photograph corneal lesion OD
  3. Rx ophthalmic antibiotic ointment
  4. Follow-up with client in 2 days

#### Discussion:

The veterinarian felt that she needed to first address the fleas with a fast-acting flea treatment to relieve the scratching and prevent further injury to Whitey's eyes. To address the suspected corneal abrasion or ulcer, she felt she could confidently treat this condition with an ophthalmic antibiotic ointment without confirming the diagnosis with a fluorescein stain test (which would add to the costs).

The veterinarian stressed to the client that the condition of Whitey's right eye can sometimes continue or worsen. She also let the client know that if this were to happen it could result in permanent loss of vision, therefore follow up was critical. The client committed to taking a picture of Whitey's right eye in two days with his cell phone and send it to the veterinary clinic, along with written report on Whitey's progress. This picture will be compared to the one taken when Whitey was first presented. If healing was not progressing normally, or if a complication develops, the client would bring Whitey back to the clinic for additional diagnostics and treatment.

Additional case examples are available in Appendix 1: Additional Examples of Incremental Veterinary Care Case Management.

### **AlignCare™ Patient Medical Record: Components and Considerations**

A medical record containing personal identifying information of the AlignCare™ client (e.g., name, address, telephone, etc.) and the patient's key clinical data and medical history will be required. This should be no different than information that is collected using the veterinary service provider's practice management information system, which can be used for the AlignCare™ Patient Medical Record. However, there are some critical components, as outlined below.

Critical components to be collected by the veterinary team and considerations:

1. History and signalment

- a. A thorough history is especially critical when using an incremental veterinary care case management strategy.
  - i. Refer to Appendix 2 for an example of history questions to be asked.
2. Physical exam
  - a. Note all abnormalities.
    - i. What abnormalities are related to one another?
    - ii. What requires the most immediate treatment?
  - b. A thorough physical exam is especially critical when using an incremental veterinary care case management strategy. This includes using all of the veterinary practitioner's senses.
3. Differential diagnosis
4. Provisional diagnosis
  - a. This is the working diagnosis established after initially seeing and evaluating a patient if the veterinarian is not completely sure what's going on but has a reasonably solid idea.
    - i. The diagnosis may be revised with time and more information.
  - b. Consider if the diagnostic test or procedure being considered will change the course of action and/or treatment strategy.
  - c. Consider whether or not a course of action could be harmful without a further diagnostics.
5. Treatment
  - a. Considerations:
    - i. Comfort for the pet (primary), like pain control
    - ii. Skill level of the attending veterinarian
    - iii. Owner's desires
    - iv. Prognosis
    - v. Resources of the owner:
      - 1) Cost considerations
        - a) Include recommended rechecks, ongoing medication needs, etc.
        - b) Financial contribution on behalf of the veterinary practice.
      - 2) Capability
      - 3) Time
      - 4) Transportation
6. Follow up and client communication.
  - a. Managing the case incrementally requires frequent communication with the client and reevaluations, either through telemedicine or clinical exam, ideally by the original attending veterinarian.
  - b. Client communication is key.
  - c. Setting realistic expectations.
  - d. Client support to promote compliance, even for basic recommendations.
  - e. Language/Cultural barriers may need to be addressed.
    - i. This may be a prognostic indicator.

Information about AlignCare™ clients, pets, case assessment and management (e.g., diagnostics, treatments, prices, etc.), and outcomes will be collected electronically by the AlignCare™ Information System through integration with the practice management information system of enrolled veterinary service providers. Until the information system is operational, email and other forms of communicating may be utilized. One of the intentions in doing this is to compile case data to better inform and broaden

the understanding and to validate the efficacy/appropriateness of incremental veterinary care as an approach to veterinary medical case management.

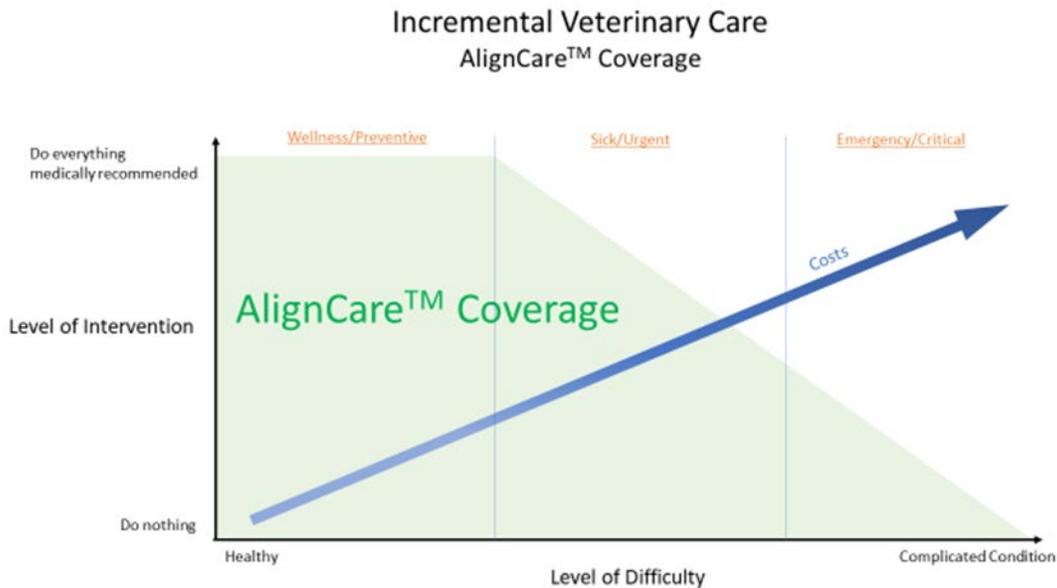
**Conditions Covered by AlignCare™ Subsidies**

Although all types of medical, surgical, and behavioral conditions are covered by AlignCare™ subsidies up to the maximum dollar amount that an AlignCare™ client receives per year, it is unlikely that the subsidies would be enough to cover expenses related to high cost care or conditions with a poor prognosis. Considering this, the decision to treat a condition should take into account the following:

- Provisional diagnosis
- Cost of treatment
- Prognosis/Outcome

Hospice and end-of-life care are included up to the maximum dollar amount that an AlignCare client receives per year.

**AlignCare™ Coverage Graphic:**



The above graphic is an illustration of AlignCare™ coverage. It reflects total coverage of wellness/preventive procedures (e.g., vaccines, spay/neuter, etc.) and less coverage as the case becomes more complex and the costs increase.

**Top 10 Conditions for Dogs and Cats**

Based on claims submitted by [Nationwide® pet policyholders](#) in 2016:

(Source: Nationwide® PetHealthZone® website at <https://phz8.petinsurance.com/healthzone/pet-health/health-conditions/top-10-reasons-pets-visit-vets>)

<b>Top 10 Canine Claims</b>	<b>Top 10 Feline Claims</b>
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1. Atopic or allergic dermatitis	1. Periodontitis/tooth infection
2. Ear infections	2. Cystitis or urinary tract disease
3. Benign skin neoplasia	3. Renal disease or failure
4. Pyoderma (hot spots)	4. Upset stomach
5. Osteoarthritis	5. Hyperthyroidism
6. Periodontitis/tooth Infection	6. Intestinal inflammation/diarrhea
7. Upset stomach	7. Diabetes mellitus
8. Intestinal inflammation/diarrhea	8. Inflammatory bowel disease
9. Cystitis or urinary tract disease	9. Atopic or allergic dermatitis
10. Anal gland sacculitis/ expression	10. Valvular heart disease or murmur

Based on claims submitted by [Pets Best pet policyholders](#) from 2005 to 2016:

(Source: Pets Best Pet Insurance website at <https://www.petsbest.com/blog/top-10-most-common-dog-and-cat-pet-insurance-claims/>)

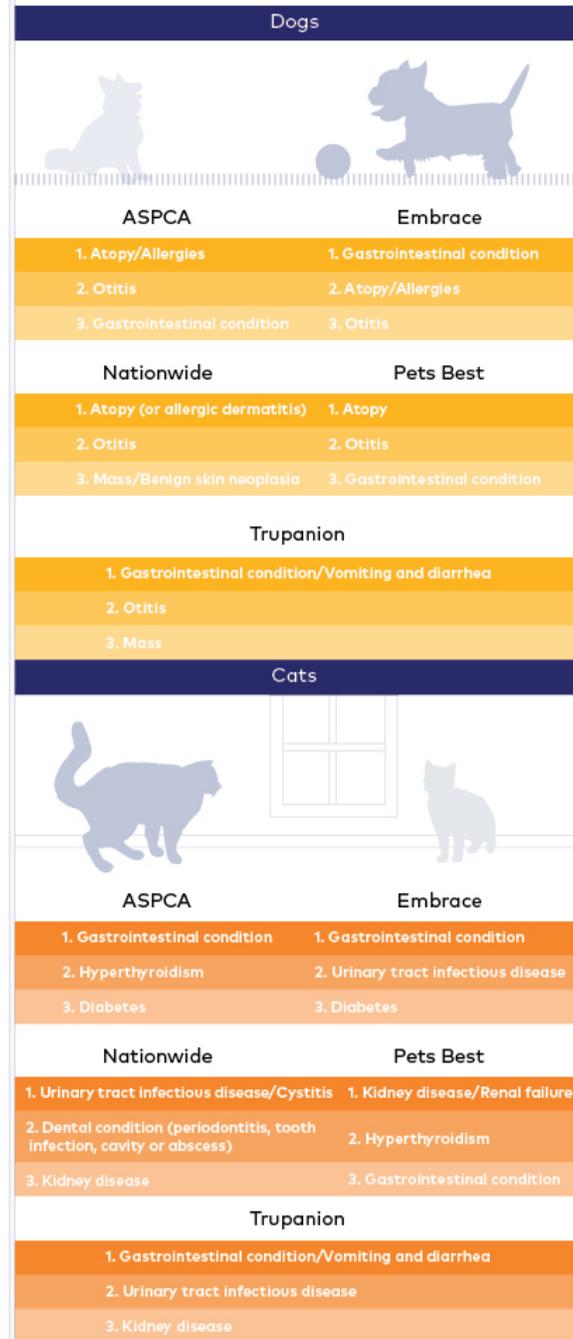
<b>Top 10 Canine Claims</b>	<b>Top 10 Feline Claims</b>
1. Environmental allergies (atopy)	1. Chronic kidney failure (renal failure)
2. Ear infections (otitis)	2. Hyperthyroidism
3. Cancer (all types)	3. Cancer (all types)
4. Osteoarthritis	4. Diabetes mellitus
5. Mass	5. Allergies
6. Cruciate ligament injury	6. Inflammatory bowel disease
7. Gastrointestinal condition	7. Gastrointestinal condition
8. Hypothyroidism	8. Feline Lower Urinary Tract Disease (FLUTD)
9. Pyoderma	9. Urinary tract infection
10. Lameness	10. Ear infections (otitis)

### **Top 3 Most Common Pet Insurance Claims from 5 Providers in 2018**

(Source: dvm360 website at <http://veterinarybusiness.dvm360.com/top-3-most-common-pet-insurance-claims>)

## Most commonly claimed veterinary conditions

Pet owners filed for these conditions the most in 2018, according to five pet insurance companies. Which of these conditions pop up the most for you in your day-to-day practice and software reports?



Source: All data, including specific naming conventions for claims, is provided by the individual pet insurance companies themselves.

IMAGES BY VECTEZY.COM

### Potential Liabilities

There are potential liabilities that may occur when implementing incremental veterinary care as a case management strategy. One is state licensing boards and professional liability insurance companies recognizing incremental veterinary care as appropriate medical care when there are financial restraints. In addition, as with any case management strategy, there is always the possibility of client dissatisfaction with outcomes. To prevent this, it is important to create and guide reasonable client expectations and provide documentation of informed consent.

### *Informed Consent*

Informed consent better protects the public by ensuring that veterinarians provide sufficient information in a manner so that clients may reach appropriate decisions regarding the care of their animals. The American Veterinary Medical Association (AVMA) recommends that veterinarians, to the best of their ability, inform the client or authorized agent, in a manner that would be understood by a reasonable person, of the diagnostic and treatment options, risk assessment, and prognosis, and should provide the client or authorized agent with an estimate of the charges for veterinary services to be rendered. The client or authorized agent should indicate that the information is understood and consents to the recommended treatment or procedure. In addition, the AVMA recommends that there is documentation of verbal or written informed consent and the client's understanding.

There are two types of consent forms that are recommended to be used for AlignCare™ clients, when appropriate:

- AlignCare™ Surgery-Procedure Consent Form (Appendix 3)
- AlignCare™ Euthanasia Consent Form (Appendix 3)

### **Animal Cruelty, Abuse, and Neglect**

Suspected animal cruelty, abuse, or neglect should be reported to the assigned social worker and potentially appropriate state agencies. Many states require mandatory reporting of animal cruelty, abuse, and neglect by the veterinarian.

### **Peer Reviewers**

To be determined.

## Appendix 1: Additional Examples of Incremental Veterinary Care Case Management

### **Case: Pappy**

Signalment: 6-week-old MI Labrador retriever mix

CC: Lethargic, bloody diarrhea. Adopted from an animal shelter 2 days ago. Client has limited funds.

PE: T = 102.5 °F, pink but pasty gums, mild cough, flea dirt, no palpable obstructions, normal sclera.

A: Differential diagnosis:

1. Fleas
2. Intestinal parasitism
3. Canine parvovirus
4. Dietary indiscretion
5. Canine coronavirus
6. Canine distemper virus
7. Kennel cough

- P:
1. Fecal = Hookworms
  2. Subcutaneous fluids
  3. Dewormer that treats hookworms
  4. Bland diet
  5. Antibiotics
  6. Flea treatment
  7. Follow-up with client the next day

### Discussion:

The veterinarian recommended a Parvo test in addition to the fecal exam, but the client was unable to afford this test in addition to treatment. This case represents a common post-adoption situation in small animal practice. Management of both the animal and the anxious/about to be angry at the shelter pet owner takes some skill and confidence on many levels by the practitioner.

Pappy can have a number of conditions contributing to the presentation described above. Canine parvovirus has to be high on one's differential list due to the severity of the disease, zero preventive care, and diminished immune status given the circumstances. Definitive diagnosis of parvovirus via in-house testing has been ruled out by the economics of the owner. Parvo tests are certainly not infallible but add a nice collaborative piece of data.

Armed with an understanding of the big picture of what this puppy has been through in the last 72 + hours can provide the caregiver with an immediate action plan therapeutically, as outlined in the "Plan" section above. Of these, the most important is a recheck within 24 hours. Rechecks are key to incremental care case management scenarios. The treatment plan is dynamic, changing with response to therapy.

Communications with the client should/must include: discussion of response to therapy as a key to potential prognosis, the absolute necessity of recheck exam, and some attempt to explain the difficult job of humane society and animal shelter operations.

Many clinicians routinely begin the classic CSU outpatient parvo protocol to such cases. This case requires additional therapy such as flea control and the concern for respiratory issues as likely co-contributors to the animal's malaise.

After 24 hours, Pappy's response to therapy will go a long way at helping the clinician make a more focused diagnosis as to primary and secondary etiologies, as well as (of course) prognosis and the next steps in case management. This case is a perfect example of "increments" in clinical case management.

By managing the client's angst, fear, and emotions, the clinician truly provides care in a three-dimensional manner. The animal is put on a therapeutic regimen, the client is informed and brought into a state of realism, and the shelter is not vilified as the cause of the problem. These are all positive outcomes of the skill in such a caregiver.

### **Case: Fisher**

Signalment: 2 YO FS coonhound/boxer mix

CC: Fisher is clinically normal but the client reports that she swallowed a fish hook 2 hours ago. Owner reports the dog is very fond of sardines. Owner was baiting the hook with minnows when Fisher grabbed the bait. Client has limited funds. Note: It is eleven thirty in the morning and the client has alcohol on his breath.

PE: No abnormalities

A: Dietary indiscretion (fish hook) leading to gastric foreign body

P: 1. Abdominal radiographs = Radiopaque fish hook located in the caudal stomach  
2. Feed small pieces of white bread mixed with rice and ground beef  
3. Monitor feces for the fish hook  
4. If fish hook not passed in 2-3 days, radiographic follow-up could be helpful

#### Discussion:

The veterinarian reviewed the following options for gastric foreign bodies with the client:

1. Referral for endoscopy and foreign body retrieval
2. Immediate gastrotomy/abdominal exploratory
3. Apomorphine to induce vomiting
4. Facilitated foreign body passage with indigestible material that coats the foreign body, allowing it to be passed.

Due to financial limitations of the owner, endoscopy is out of the question financially. An exploratory is an option if the veterinary clinic offers a payment plan to the owner. Locating for a small hook within a stomach full of ingesta can be a challenge.

Induced vomiting was not recommended because of the danger of imbedding the hook or perforating the esophagus from the sharp object (fish hook). The esophagus is not to be fooled with. Surgical approach is a bit complex and the esophagus's capacity to heal is always a nightmare. Removing a fish hook that has imbedded and perforated an intestinal loop is dream compared to esophageal puncture. Choose the lesser of two potential evils.

Therefore, the facilitated passage technique was chosen. By doing this, the clinician can take advantage of the animal's normal biological mechanics to pass the foreign body. The danger with this technique is that the time dynamic requires a clinical availability component. The owner must seek immediate clinical reevaluation if the dog starts showing any symptoms relative to blockage or GI distress signaling potential perforation (i.e., vomiting, anorexia abdominal distress, rectal straining).

Most foreign bodies are passed within 72 hours by this technique. Serial radiographs can be done to observe the passage of the foreign body, which can be helpful for the peace of mind of both clinician and owner. On occasion, the foreign body can get hung up in the rectal area and be removed safely by dilation and extraction under anesthesia. This is a lot cheaper and safer than an exploratory.

Again, this case exemplifies the dynamic and efficiency of incremental care case management, stressing the time dynamic and clinician's skillset in managing a fluid set of potentially pathological scenarios over time.

### **Case: Nelly**

Signalment: 14 YO FS Pit Bull

CC: Nelly was brought in because the client (a mother and son) was concerned about nine of dermal masses, one was ulcerated. Client had been saving their money to have them removed. They were very attached to Nelly because she was the dog of her other son who had passed away.

PE: Nelly is an elderly dog but robust for her age. 8 of the 9 masses were fatty in consistency. The ulcerated mass was 2 cm in diameter. Grade IV/VI heart murmur but no signs of heart failure. Odor from the dog's mouth. Upon inspection of the mouth, there was purulent material along the gum line, root exposure, gingival recession, and broken teeth.

A: Primary problem was dental disease  
Ulcerated mass  
Suspect multiple lipomas

P: 1. Dental with multiple teeth extractions.  
2. Mass removal of ulcerated mass with histopathology.  
3. Antibiotics.  
4. Pain medication.

#### **Discussion:**

Veterinarian explained that the smell from Nelly's mouth was due to the dental disease and consequential infection, is a very painful condition, and could contribute to heart disease. A discussion ensued that the money allocated towards Nelly's care would be more beneficial to use to address her dental disease rather than address some masses that frightened the owner but were actually not detrimental to Nelly (other than the ulcerated mass, which was suspected to be a mast cell tumor). Due to a lack of finances, no preanesthetic bloodwork was done because it would not change the course of action. After the procedure, the clients were really pleased and reported that Nelly was happier, her eating was improved, and she had a better quality of life. They explicitly said that they felt that the veterinarian had really helped Nelly and were so thankful.

**Case: Alexa**

Signalment: 1 YO FI Pit Bull

CC: Vomiting one week ago but has not vomited for 3 days. previously diagnosed with a foreign body at another clinic 5 days ago. Surgery was recommended but not performed due to client's inability to pay projected estimate upfront. Currently experiencing anorexia and lethargy. Client has limited funds and also does not speak English.

PE: T = 102.5 °F, moderately dehydrated, slight discomfort upon abdominal palpation, muddied, reddened mucous membranes, normal to slightly increased heart rate, growling, owner reported lethargy at home but dog is BAR in the room.

A: Previously diagnosed foreign body (evident on radiographs taken at other clinic and emailed with patient), anorexia

P: 1. Discussed with the owner (through an interpreter) the possibility/likelihood of a poor prognosis due to length of time of foreign body presence.  
2. Offered an exploratory surgery with the agreement of euthanasia under anesthesia if perforations or other extensive or non-repairable damage to GI tract.  
3. Helped owner obtain voucher from Humane Society and worked through other financial agreements/options.

**Discussion:**

While diagnostics are important and helpful for gaining a complete picture of a patient, there are times in limited funds situations where available money needs to be prioritized towards treatment. In this situation, the owner had spent a significant amount at another hospital on bloodwork, radiographs, and rechecks without gaining surgery to fix the problem. She had then been referred to go to the local emergency hospital at the start of the weekend where she then incurred high costs for an additional exam and bloodwork. She was then declined for needed surgery again for lack of available funds. The dog and owner continued to wait. She then came to this veterinarian's clinic for examination. While it was discussed that the duration made for a poor prognosis, the dog was reasonably bright and young and the owner had strong feelings of wanting to make the attempt to save her, therefore the ensuing agreement of euthanasia if poor prognosis. Upon entering the abdomen, the dog had eaten some type of stringy, fibrous material, caught in her stomach and extending to the large intestine. There were multiple perforations present and prognosis was poor. The patient was euthanized.

**Case: Stitch**

Signalment: 12 YO MN DSH cat

CC: Increased drinking, urination, and unchanged or increased appetite for about the last month. Weight loss noticed but has become more apparent recently. Owner reports he used to be very overweight and weighed approximately 16 lbs. (he now weighs 9 lbs.). Client is distressed and reported she has difficulty paying the exam fee.

PE: Dehydrated, very thin with severe muscle wasting, slightly to moderately depressed in demeanor, fleas present, significant dental disease, auscults normally and no masses palpated in abdomen.

A: Suspect diabetes mellitus and/or cancer

- P:
1. Discussed with owner the top suspicion of diabetes mellitus.
  2. Offered to screen for glucose in the urine as an inexpensive test. Owner unable to afford urine testing.
  3. Discussion ensued over cost of treatment for a diabetic cat and also the possibility of another disease process causing significant wasting/weight loss.
  4. Owner opted for euthanasia due to complete lack of funds and also poor prognosis if not diabetes.

Discussion:

The cat's significant and severe weight loss, muscle wasting, and demeanor indicated advanced disease. While diabetes mellitus was the primary rule-out, the treatment is considered expensive by many people, especially initially, and requires regular and/or frequent follow-up appointments with recommended lab work. This level of financial commitment was insurmountable for this owner. Additionally, if Stitch were not diabetic, the chronic nature and progression of whatever disease process would likely indicate a poor prognosis with few, if any, treatment options. The decision to euthanize helped the owner feel her cat would not continue to decline or suffer and empowered her to take care of him in the best way she could.

**Appendix 2: Example of a History Questionnaire**

**Pre-Exam Questionnaire**

**Client:** \_\_\_\_\_ **Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please check Yes or No for the following questions:**

	Yes	No
1) Have there been any changes in attitude, activity level, or interaction?	<input type="checkbox"/>	<input type="checkbox"/>
2) Have there been any changes in appetite?	<input type="checkbox"/>	<input type="checkbox"/>
3) Have there been any changes in water consumption?	<input type="checkbox"/>	<input type="checkbox"/>
4) Have there been any changes in weight (gain or loss)?	<input type="checkbox"/>	<input type="checkbox"/>
5) Have there been any problems with coughing, sneezing, or breathing?	<input type="checkbox"/>	<input type="checkbox"/>
6) Have there been any problems with the eyes, nose, or ears?	<input type="checkbox"/>	<input type="checkbox"/>
7) Have you noticed any hair loss, sores, lumps, scratching, changes in grooming?	<input type="checkbox"/>	<input type="checkbox"/>
8) Have there been any problems with vomiting, diarrhea, or hard/dry stools?	<input type="checkbox"/>	<input type="checkbox"/>
9) Does your pet ever eliminate in the house? Strain or frequently urinate and/or defecate?	<input type="checkbox"/>	<input type="checkbox"/>
10) Have you noticed any changes in the amount of urine or stool?	<input type="checkbox"/>	<input type="checkbox"/>
11) Have you noticed any sore gums, bad breath, or difficulty chewing?	<input type="checkbox"/>	<input type="checkbox"/>
12) Have you noticed any weakness, trouble walking or jumping, in-coordination, or shaking?	<input type="checkbox"/>	<input type="checkbox"/>
13) Have you noticed any changes in behavior (e.g., irritability, aggression, anxiety, excessive vocalization, waking you at night)?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Any other health problems or concerns?</b>

**Appendix 3: AlignCare™ Informed Consent Forms**

**AlignCare™ Procedure/Surgery Informed Consent Form**

Pet Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Species/Breed: \_\_\_\_\_

Sex/Neuter Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I \_\_\_\_\_, being of legal age, have the authority to consent for veterinarians at \_\_\_\_\_ to perform \_\_\_\_\_ procedure or \_\_\_\_\_ surgery for the pet named above.

I understand the nature of the procedure(s) or surgery and the risks involved. I realize that results cannot be guaranteed, and unexpected outcomes, including death, may occur from unforeseen complications. I understand that the procedure(s) or surgery may reveal unforeseen conditions that require additional treatment. I consent to and authorize the procedure(s) or surgery as the veterinarian deems necessary according to their judgment within the confines of the AlignCare™ subsidy.

◆ The laboratory tests recommended prior to the above procedure/surgery are:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Initials) I accept all of the recommended laboratory tests.

\_\_\_\_\_  
(Initials) I accept the following recommended laboratory tests:  
\_\_\_\_\_

\_\_\_\_\_  
(Initials) I decline the recommended laboratory tests.

◆ I have withheld food from the pet named above for at least \_\_\_\_\_ hours.  
\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not applicable

- ◆ \_\_\_\_\_  
(Initials) I understand that if the pet named above is to be spayed and she is pregnant, the spay procedure will terminate the pregnancy and there may be an additional charge if she is in heat or pregnant.
- ◆ \_\_\_\_\_  
(Initials) I understand that there are other options available to treat the pet named above that the AlignCare™ subsidy does not cover. I authorize veterinarians and their staff to make decisions to treat the pet named above within the financial limitations of the AlignCare™ subsidy.
- ◆ \_\_\_\_\_  
(Initials) I authorize and agree to pay for additional veterinary services up to \$ \_\_\_\_\_ for the procedure/surgery named above, if necessary.
- ◆ \_\_\_\_\_  
(Initials) The attending veterinarian has answered my questions regarding this procedure or surgery to my satisfaction.
- ◆ \_\_\_\_\_  
(Initials) I have been presented with and agreed to an estimate for this procedure/surgery.
- ◆ I will personally pick up the pet named above at the time of discharge from the hospital. Yes / No
- ◆ If I will not pick the pet named above, then \_\_\_\_\_ will be responsible for doing so. They can be reached at \_\_\_\_\_.
- ◆ I understand that if I, or another authorized person, do not pick the pet named above up prior to \_\_\_\_\_ PM, on \_\_\_\_\_, I will be charged \$ \_\_\_\_\_ for an after-hours release or overnight hospitalization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Witness: \_\_\_\_\_

## AlignCare™ Euthanasia Informed Consent Form

Pet Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Species/Breed: \_\_\_\_\_

Sex/Neuter Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I \_\_\_\_\_, being of legal age, have the authority to consent for veterinarians at \_\_\_\_\_ to euthanize the pet named above.

Please initial the statements below that apply to the pet named above.

### Bite History

◆ \_\_\_\_\_ To the best of my knowledge I certify that the pet named above, has been in my custody and under my supervision and has NOT bitten any person or animal within the past 10 days.  
(Initials)

### Necropsy

The pros and cons of a necropsy on my pet named above were explained to me.

◆ \_\_\_\_\_ I decline a necropsy on the pet named above.  
(Initials)

◆ \_\_\_\_\_ I request and authorize a necropsy on the pet named above. I agree to pay \$ \_\_\_\_\_ for this service.  
(Initials)

### Disposition

◆ \_\_\_\_\_ I will take the remains of the pet named above for burial at home.  
(Initials)

◆ \_\_\_\_\_ I authorize \_\_\_\_\_ to dispose of the remains of the pet named above.  
(Initials)

◆ \_\_\_\_\_ I want a communal cremation for the pet named above with NO ashes returned. I agree to pay \$ \_\_\_\_\_ for this service.  
(Initials)

◆ \_\_\_\_\_ I want a private cremation for the pet named above with ashes returned. I agree to pay \$ \_\_\_\_\_ for this service.  
(Initials)

◆ \_\_\_\_\_ I want a private cremation for the pet named above with NO ashes returned. Cost: \$ \_\_\_\_\_  
(Initials)

I have read and understand this authorization. Fees for these services have been explained to me and I understand that the AlignCare™ subsidy excludes any costs for services after my pet is euthanized.

**Pet Owner**

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Witness: \_\_\_\_\_

**Or Authorized Agent**

I certify that if I am signing as an agent, I have the authority to sign this consent to euthanize the pet named above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Witness: \_\_\_\_\_

**Or Verbal Consent**

Verbal consent to euthanize pet named above, by \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Witness: \_\_\_\_\_