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Welcome to AlignCare™

Imagine that all pets have access to veterinary care, as they so deserve. It is a vision shared by many. We envision bonded families, including those at the lower end of the socioeconomic spectrum, able to receive needed veterinary care. Prolonged recovery after an illness or injury due to lack of veterinary care is less common. Premature death from treatable medical conditions happens less often. Also, pets are not relinquished to animal shelters, breaking up the family, especially for vulnerable individuals like our seniors, children, and those with special needs. AlignCare™ reaches currently underserved families.

AlignCare™ is a three-year, multi-site research and development proof of concept project to improve access to veterinary care. Plans are for it to be in most U.S. cities eventually. The project is made possible through generous funding from Maddie's Fund. Creating a sustainable healthcare system that reaches underserved families requires community mobilization, the same kind that improved animal welfare in our society. Now we need to mobilize to "keep families together" through access to veterinary care.

As reported in Access to Veterinary Care: Barriers, Current Practices, and Public Policy, more than one out of four (28%) families with pets experienced a barrier to veterinary care, and the primary one being financial. Each one has a story. Consider Bob, a veteran who risked his life for our country, whose dog, Max, suffered a treatable injury. Bob could not pay for the needed medical care. The heartbreak that Bob felt when Max died was overwhelming, especially since Bob’s recovery from a stroke was in large part due to Max’s never-failing companionship. Or Sasha and Carrie. Sasha was a constant feline companion for Carrie as she suffered through the ups and downs of chemotherapy treatment. Sasha was often the reason Carrie would get up in the morning to meet another day. Soon after Carrie experienced the thrill of remission of her cancer, Sasha was diagnosed with diabetes. Financially strapped due to the expenses of her cancer treatment, Carrie could not afford the costs of treating this treatable disease. Overwhelmed with heartache, Carrie surrendered Sasha to an animal shelter, where death was imminent. Such stories occur even for those who work in the veterinary profession. Andrea, a highly skilled veterinary technician who is admired by many, struggles with the cost of care associated with the pets in her life, despite working full-time, regularly pet-sitting, and being reimbursed for work on other projects.

Families like these are why AlignCare™ was developed.

All pets and their families deserve access to veterinary care, and this can become a reality through our individual and collective determination.

Please join us in supporting families through access to veterinary care.

Michael J. Blackwell, DVM, MPH, FNAP
Assistant Surgeon General, USPHS (R)
Director, Program for Pet Health Equity
Section 1. AlignCare™ Structure and Operations

Millions of families struggle to access veterinary care, and the problem is likely to grow. Qualifying for public assistance is a reliable indicator of limited ability to pay for certain services, including veterinary care. Nationally, an estimated 29 million dogs and cats live in families participating in the Supplemental Nutrition Assistance Program (formerly known as food stamps). In addition to other pets in these families, millions more live with middle-class families living paycheck to paycheck. Two-thirds of pets live with Millennials and Baby Boomers, and both generations are at risk of not having adequate veterinary care. Projections are that Millennials will earn less income than their parents' generation. Baby Boomers are daily retiring with limited fixed income. Furthermore, the number of families in poverty will continue at historic levels. These national demographics and the current veterinary service delivery models strongly suggest the problem of access to veterinary care will persist and grow. ¹

The Access to Veterinary Care Coalition’s national population study found that more than one out of four (28%) families with pets experienced a barrier to veterinary care in the past two years, with the primary barrier being financial. The impacts of lack of access to veterinary care on a family's wellbeing can be substantial because:

- 88% of families regard their pets as family members.
- An illness or injury may result in prolonged recovery, premature death, including economic euthanasia, or relinquishment, breaking up the family.
- Lack of veterinary care presents health risks to the family and public health.

The resolution of lack of access to veterinary care as a national family crisis will occur through interprofessional collaborations among veterinary and social service professionals and supportive communities. The following graphic illustrates the current payment options available for veterinary care and locates AlignCare™ within this funding continuum.

### Continuum of Veterinary Care Financing Options based on Client’s Ability to Pay

<table>
<thead>
<tr>
<th>Client Solvent¹</th>
<th>Client Illiquidity²</th>
<th>Client Insolvent³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Pay</td>
<td>Pet Health Insurance</td>
<td>Care Credit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In House Installment Auto Clearinghouse (ACH)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Third Party/ Outsourced ACH Payment</td>
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<tr>
<td>AlignCare™</td>
<td></td>
<td>Low Cost/No Cost and Not for Profit Veterinary Services</td>
</tr>
</tbody>
</table>

¹Client Solvent: Can make immediate payment. ²Client Illiquidity: Can make payments over time. ³Client Insolvent: Cannot make payments.

AlignCare™ is a One Health healthcare system that *aligns* the current resources of social service agencies and veterinary service providers while utilizing community funding. The alignment of these resources improves access to veterinary care for families underserved by the current system. It also enables social service and animal care professionals to meet their goals in serving families.

The AlignCare™ system processes include:

1. The bonded family lets their social service agency know veterinary care for their pet is needed.
2. The social service agency confirms eligibility and refers the family to the Veterinary Social Work Coordinator (VSWC) for enrollment into the AlignCare™ system.
3. The VSCW refers the family to an enrolled veterinary service provider.
4. The family pays a set copayment, and the AlignCare™ Fund pays the balance.

AlignCare™ clients agree to adhere to the policies of AlignCare™. These include: (1) providing required information, (2) paying a copayment at the time services are provided by an enrolled veterinary service provider, (3) signing an informed consent regarding limitations on subsidized services, (4) work with a Veterinary Social Work Coordinator, and (5) provide care to their pet as directed by the veterinary service provider.
AlignCare™ began with a recognition that many pets are not receiving veterinary care due to financial limitations. Social service agencies that support low- and moderate-income families want to help bonded families with access to veterinary care. Most veterinarians agree that pets are family and deserve access to veterinary care. Through AlignCare, they can provide veterinary care when pet owner finances are limited. AlignCare community partners mobilize private citizens, businesses, and foundations to bring the AlignCare vision to life and keep bonded families together.

**AlignCare™ - Roles**

AlignCare™ National is managed by the Program for Pet Health Equity (www.pphe.utk.edu). Each AlignCare™ affiliate community is assigned a consultant from the national leadership team to guide them through planning, implementation, monitoring, and evaluation of AlignCare™. The consultant will provide implementation guidance, feedback, AlignCare™ branding and marketing materials, and advice regarding program development.

Each AlignCare™ affiliate community has a referring social service agency (or agencies), Veterinary Social Work Coordinator, a veterinary service provider (or providers), and an AlignCare™ community organizer. Sections 2 through 5 of this Manual expands on these roles. Further development of participant roles will occur with the implementation of AlignCare™ nationwide.

Each of the affiliate communities participates in small group monthly meetings via video conferencing to monitor AlignCare™ activities, identify successes and obstacles, and discuss strategies to overcome the barriers. These contact points will also provide an opportunity for AlignCare™ National to disseminate information.
**AlignCare™ - Information Systems**

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, when possible, with the practice management information system of enrolled veterinary service providers. The goal is to capture, maintain, monitor, and analyze information in the AlignCare™ database to continually improve operations and help establish evidence-based veterinary medicine.

The collection of information will provide a comprehensive source of information needed to:

- Study incremental veterinary care as an evidence-based case management strategy.
- Assess the health of AlignCare™ patients and patterns of illness and injury.
- Identify unmet regional veterinary care needs.
- Document patterns of veterinary care expenditures.
- Identify areas needing additional research.

Currently, email and other forms of communication are in place until the information system is fully operational. The information generated from the AlignCare™ Information System will only be shared in aggregate form to protect the privacy of veterinary service providers and clients. No identifier information (e.g., names of the veterinary service provider, AlignCare™ clients, veterinarians, etc.) will be shared. Access to the data is limited to specific individuals of the AlignCare™ team and not shared outside of this small group. Cyber protection features help to avoid data breaches.

Data that may be collected by AlignCare™ includes:

- Pet signalment, behavior, history, physical exam, provisional diagnosis, prognosis, case management decisions, and outcomes
- Veterinary service utilization and outcomes
- Euthanasia decision making
- Frequency and themes of teleadvice
- Teleadvice and telemedicine activities
- Information to track supported veterinary services
- Veterinary Social Work Coordinator service provision
- Zoonotic disease
- Pet lifestyle diseases
- Domestic violence involving animals
- Animal relinquishment activity
- Implementation feedback from AlignCare™ partners
- AlignCareTM affiliate community mobilization efforts and outcomes
- AlignCareTM affiliate social media and marketing activities.
1 AlignCare™ teleadvice and telemedicine services are in the planning stage.

**AlignCare™ Educational Program**
Through AlignCare™, pet owners will be provided with informational materials to help keep their pet healthy through the prevention of common conditions and help with recognizing when incremental veterinary care is needed.

AlignCare™ Educational program will include information on:

- Responsible Pet Ownership
- Pet Wellness
- Animal Behavior and Training
- Pet Proofing and Toxicities
- Basic Pet First Aid
- Diet and Weight Management
- Pet Exercise
- Environmental Enrichment
- Prevention and Treatment of Common Pet Conditions

The AlignCare™ Educational program will provide information to families to enable their pets to live a healthy life as a member of the family. The educational materials will be offered in a variety of print and electronic media and disseminated in paper form, social media, and other electronic methods, such as email and websites.

**AlignCare™ Teleadvice and Telehealth**

The American Veterinary Medical Association (AVMA)\(^1\) explains that telehealth is the overarching term that encompasses all use of technology to deliver health information, education, or care remotely. The following graphic presents the basics of veterinary telehealth.

**Teleadvice**: Any health information, opinion, guidance, or recommendation concerning prudent future actions that are **not specific to a particular patient’s health, illness, or injury**. Advice can come from veterinarians or non-veterinarians, offering help via phone, text, or online, and is general in nature, not providing a diagnosis or prognosis. Teleadvice may include that an annual wellness exam as part of a comprehensive preventive care plan is prudent, or that animals living in mosquito-infested areas should receive year-long heartworm preventatives.
Teletriage: Is the safe, appropriate, and timely assessment and management (immediate referral to a veterinarian or not) of animal patients via electronic consultation with their owners. In assessing a patient's condition electronically, the assessor determines urgency and the need for immediate referral to a veterinarian, based on the owner's (or responsible party's) report of history and clinical signs, sometimes supplemented by visual (e.g., photographs, video) information. A diagnosis is not rendered. The essence of teletriage is to offer advice and facilitate safe decisions regarding a patient's disposition (immediate referral to a veterinarian or not), under conditions of uncertainty and urgency.

Telemedicine: Use of a tool to exchange medical information electronically from one site to another to improve a patient's clinical health status. Examples include using Skype or a mobile app to communicate with a client and visually observe the patient for a post-operative follow-up examination and discussion. Telemedicine is a tool of practice, not a separate discipline within the profession. The appropriate application of telemedicine can enhance animal care by facilitating communication, diagnostics, treatments, client education, scheduling, and other tasks. Practitioners must comply with laws and regulations in the state in which they are licensed to practice veterinary medicine. Telemedicine may only be conducted within an existing Veterinary-Client-Patient Relationship, with the exception for advice given in an emergency care situation until a patient can be seen by, or transported to, a veterinarian.

When the systems are activated, AlignCare™ families will have a telehealth and telemedicine services. Information will be provided after enrollment in AlignCare™.

AlignCare™ Business System

AlignCare™ provides veterinary services taking into account the family's financial constraints. There is cost sharing by veterinarians through discounted services, families through copayments, and the affiliate community AlignCare™ Fund through direct payments to veterinarians. For details on the AlignCare™ Business System, refer to AlignCare™ Payments and Pricing in Section 5, AlignCare™ Veterinary Service Providers.

AlignCare™ Questions and Answers

Some of the questions about the AlignCare™ system raised by veterinary service providers include:

1. What happens after the subsidy is used in its entirety?

1 https://www.avma.org/PracticeManagement/telehealth/Pages/telehealth-basics.aspx
Answer: Additional services will not be covered by AlignCare™ once the subsidy is used in its entirety. At that point, AlignCare™ clients should be treated as regular clients of the veterinary practice.

2. **What happens when treatment is more than the subsidy?**
   Answer: Veterinary care must be provided within the AlignCare™ fee policy. When costs are projected to exceed the policy, the following are the options:
   - The family may find additional financial resources.
   - Non-treatment of the problem.
   - Euthanasia, if appropriate.

3. **What if the AlignCare™ client does not have money for the copay at the time of service?**
   Answer: AlignCare™ requires the copayment to be made at the time services are rendered. If the AlignCare™ client is unable to pay the copay, the veterinary practice should follow their standard procedures for nonpayment and notify the AlignCare™ Veterinary Social Work Coordinator.

4. **Is the copay per visit or per treatment?**
   Answer: The copay is may be both per visit and per treatment.

5. **Is the copay applied to the total amount of services rendered?**
   Answer: Yes.

6. **Do AlignCare™ subsidies cover expenses beyond specifically veterinary care (e.g., cremation, food, toys, etc.).**
   Answer: No, AlignCare™ subsidies are for veterinary care only. However, prescription food would be covered if directed by the veterinary service provider.

7. **If an enrolled AlignCare™ family has an allocated amount, would it be their choice in how it is used?**
   Answer: There is not an allocated amount. However, there are caps.

8. **Can the veterinary service provider limit the number of AlignCare™ clients seen per year?**
   Answer: Yes.

9. **Will the veterinary practice be responsible for submitting bills to the AlignCare™ Fund?**
   Answer: Yes.

10. **Once a practice agrees to see AlignCare™ clients, is there a limit to the amount or number of involvements for a practice?**
    Answer: Yes (see response to question 8).

11. **If needed, how will transport be arranged to the veterinary service provider?**
Answer: Transportation to the AlignCare™ veterinary service provider is the responsibility of the AlignCare™ client. The veterinary social work coordinator and social service agency may assist the client by arranging transport of the pet to the veterinary service provider.

12. **Who is responsible when a pet needs follow-up care?**
Answer: Ultimately, the AlignCare™ client is responsible. If there is AlignCare™ subsidy money still available, it can be used for this follow-up care. Otherwise, the family should be treated as a regular client of the veterinary practice.

13. **Where is the education about veterinary care to come from?**
Answer: The veterinary service provider should use the educational tools that are available to them. In addition, the AlignCare™ Education Program will provide educational resources to clients, including maintaining wellness, preventing illnesses and injuries, owner provided first aid, and deciding when a veterinarian is needed.

14. **What should be done if a veterinary service provider sees an owner who needs social services? Is the veterinary service provider responsible for reporting this?**
Answer: It is expected that the veterinary service provider will be communicating appropriate concerns to the veterinary social work coordinator.

**AlignCare™ Data Collection & Management System**

The data collection and management system help with understanding and evaluating the AlignCare™ program's effectiveness in increasing access to veterinary care for pets of bonded families receiving public assistance.

AlignCareTM integration with the veterinary service provider's (VSP) practice information system facilitates the study of incremental veterinary care as an evidence-based case management strategy, as well as assess the health of AlignCare™ patients and patterns of illness and injury. The AlignCareTM population study performed by CARE examines obstacles and barriers to veterinary services across the United States. Data from the AlignCare™ business system offers the opportunity to document and summarize patterns of AlignCare™ veterinary care expenditures.

Periodic surveys of veterinary service providers and AlignCare™ families provide information on satisfaction with AlignCare™ services and identifies areas needing further research.

Key components of the AlignCare™ data collection and management system include:

- Opportunities for AlignCare™ families to volunteer to participate in the AlignCare™ National Study.
- Periodic surveys to assess AlignCare™ family satisfaction with VSWC and VSP services.
- Periodic reviews to assess VSP satisfaction with AlignCare™ and VSP health and wellbeing.
- Regional study of veterinary practices to evaluate unmet needs and VSP wellbeing.
- Periodic surveys of AlignCareTM families to measure bondedness, pet health decision making, and personal health and wellbeing.
- VSWC utilizes a data management platform to manage AlignCareTM client information.

**Monthly AlignCare™ Meeting**

Each month, AlignCare™ National will facilitate online meetings with AlignCare™ affiliate communities. These calls provide the opportunity to share AlignCare™ strategies, successes and challenges, as well as increase understanding of AlignCare™ implementation processes and build the AlignCare™ affiliate network.

**Section 2. AlignCare™ Community Organizing**

**Outreach and Development**

AlignCare™ affiliate communities respond to the need for access to veterinary care for pets in bonded families. They partner with AlignCare™ National to ensure that pets in their local community get preventive, wellness and sick care.

To reach this vision, affiliates work with bonded families, social service agencies, veterinary social work coordinators, veterinary service providers and AlignCare™ National to build a local AlignCare™ team. They create a network of dedicated AlignCare™ volunteers, supporters and donors to develop and sustain a local affiliate to keep bonded families together.

*Building an AlignCare™ Volunteer Team.* The AlignCare™ Community Organizer brings together community members who have a desire to honor and protect the human-animal bond. The Community Organizer provides opportunities for volunteers to spread awareness of AlignCare™ services, help build the AlignCare™ affiliate site and engage in activities to develop the AlignCare™ fund.
Building Your Affiliate’s AlignCare™ Fund

The success of AlignCare™ relies on mobilizing community resources and activities. With the support of AlignCare™ National, the AlignCare™ affiliate’s Community Organizer will lead the local effort toward building a sustainable fundraising campaign and initiating relationships with potential funders to include:

- Local and national corporations
- Charitable foundations
- Private citizens

AlignCare™ National ensures fiscal responsibility by verifying client eligibility for services, including:

- Bonded Family – A strong human-animal bond exists within the AlignCare™ family.
- Need for assistance - AlignCare™ clients are low income families who would not be able to provide veterinary care for their nonhuman family members without assistance.
- Willingness to partner – Families must partner with the AlignCare™ team of veterinary service providers, social service agencies, veterinary social work coordinators, and people in the community in which they live.

Building an affiliate AlignCare™ Fund involves identifying stakeholders, messaging, and potential donors.

Identifying Stakeholders
The foundation of AlignCare™ is built on interprofessional collaboration. Each affiliate community creates partnerships with three groups:

- Social Service – Includes social service organizations and professionals, and veterinary social worker coordinators.
- Veterinary Service Providers – Includes both private and nonprofit clinics.
- Community Organizers – Includes fundraisers, marketers, community leaders, and organizers.

Potential stakeholders include:

- Local and state veterinary medical boards and professional organizations
- Animal welfare organizations
- Animal control/law enforcement
- Public health organizations
- Private and nonprofit veterinary care professionals
- Veterinary educational institutions and instructors
- One Health advocates
- Social service agencies and professionals
- Pet product businesses
- Pet insurance companies
- Human health organizations
- Community leaders and elected officials
- Local philanthropists, corporations, and organizations (e.g., Rotary Clubs).

**Messaging**
As a community, we must redefine family to include the nonhuman members. When marketing to potential donors and supporters, areas to remember are:
- Pets are family
- Healthy families make up healthy communities
- Emphases on the human-animal bond
- Focus on the “Power of Pets”
- Overcoming the bias, “if you can’t afford a pet you should not have one”
- Avoiding jargon, sad stories, shame, blame and judgement
- Impacts that access to care have on the family
- Pet is able to stay in the home rather than being relinquished or euthanized

**Funding**
Sources of funding for your AlignCare™ affiliate community may include individual giving, business/corporate giving, and foundations. The graphic below illustrates the components of community-based fundraising for the AlignCare™ Fund and the combined effects of AlignCare™ on pet health equity.

**Individual Giving**
- Philanthropic donors
- Volunteers
- Monthly giving program
- AlignCare™ clients – copays, “pay it forward”
- Customers
  - Checkout charity/point of sale donations
    - Must come between when the customer is paying and leaving the store.
    - Know when to push and to let it go.
“Dip jar” - Credit card machine strategically placed so that a donor can enter whatever amount that they would like to donate.

**Business/Corporate Giving**
- Gift match
- Sponsorship
- Employee giving programs
- Third party fundraisers

**Foundations**
- Donor advised funds
- Family foundations
- Not for profit organizations
- Community foundations

**Introduction to Grassroots Organizing**

I. **Identify core issue or problem by listening to community members.**
   - Who is affected by or cares about this issue?
   - Who may resist change efforts relating to this issue?
   - What are their concerns? What changes would they like to see?

*Tip: Pay attention to who is genuinely interested in working toward solutions. Do they have time and resources to devote to your cause?*

II. ** Clarify your goals.**
   - Internal - within your organization, such as growth.
   - External - changes relating to your core issue.
   - Long, mid, and short-term.

*Tip: Use SMART (Specific, Measurable, Attainable, Relevant, and Time-bound) goals.*

III. **Prepare a fact sheet.**
   - Imagine you are presenting to a group that knows nothing about your core issue. What do they need to know to get on board?
   - Imagine you are presenting to potential opposition. What might their values be? Can you adapt your fact sheet to win over those who may initially oppose your cause?

IV. **Begin building your base.**
   - Group should be a combination of *grasstips* (community or organization leaders) and *grassroots* (community members who are affected by the issue or who care about it).
   - Identify the social service agencies in your area.

---

2 Compiled by Rosie Cross, LMSW, Veterinary Social Worker
• Identify existing coalitions that may be interested in partnering.
  ➢ Do they already have regularly scheduled meetings? Plan to attend and
  ➢ observe before asking to present to the group.
  ➢ Distribute your fact sheet.
  ➢ Identify coalition members who may be interested in collaborating. Invite
  ➢ them to attend an informational meeting.

*Tip: Consider how the work can be made enjoyable for community members to be a part of.*

V. Create a blueprint of action items that your organization will use to reach your goals, such as:
  • Outreach events, community education, social media campaign
*Tip: Create a strategic plan.*

**Resources for Grassroots Organizing**

Call Hub. Community Organizing: Important Strategies to Keep in Mind
https://callhub.io/community-organizing-strategies-for-community-organizers/

Community Catalyst. It’s All About the Base: A guide to Building a Grassroots Organizing program

It'sAllAboutTheBase-Report-FINAL.pdf

The Campaign Workshop. Grassroots vs. Grasstops Advocacy
https://www.thecampaignworkshop.com/grassroots-vs-grasstops-advocacy

University of California. SMART Goals: A How to Guide

**33 Must-Know Fundraising Terms**

<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
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<tbody>
<tr>
<td>Advancement</td>
<td>Advancement is a discipline within education similar to development and fundraising. It encompasses alumni relations, communications, development, marketing and is an integrated method of managing relationships to encourage philanthropy.</td>
</tr>
<tr>
<td>Appeal</td>
<td>A fundraising or donation appeal asks supporters to contribute money to your cause. Typically, the ask is part of a fundraising campaign. It can be delivered via letter, email, social media, or online campaign page - or a combination of these methods.</td>
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3 Source: www.themodernnonprofit.com
<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
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<tbody>
<tr>
<td>Call-to-Action</td>
<td>Written as a command, a Call-to-Action tells your supporters the specific action you want them to take. An effective CTA is key to a successful fundraising or engagement campaign. Examples include &quot;Donate Now&quot; or &quot;Sign our Petition.&quot;</td>
</tr>
<tr>
<td>Capital Campaign</td>
<td>An effort over a set period of time to raise a particular amount of money to acquire or improve a physical asset. Most common is a &quot;bricks and mortar&quot; campaign to purchase, build, or renovate a building.</td>
</tr>
<tr>
<td>CFRE</td>
<td>CFRE stands for Certified Fund Raising Executive. It's an internationally recognized certification for fundraising professionals. Individuals with this certification have demonstrated their mastery of core knowledge and skills required of fundraising executives after five years of experience.</td>
</tr>
<tr>
<td>CRM/Database</td>
<td>CRM is short for Constituent Relationship Management. A CRM is software that allows you to record, track, and report on information about your relationships with supporters. Sometimes it’s also referred to as a database or called donor management software.</td>
</tr>
<tr>
<td>Crowdfunding</td>
<td>Raising funding for a project or venture by soliciting many small donations from a large number of people, generally online.</td>
</tr>
<tr>
<td>Donor Advised Fund (DAF)</td>
<td>A Donor Advised Fund is like a charitable investment account: a donor contributes to this account over time for an immediate tax benefit and then recommends grants to their favorite charity when they are ready.</td>
</tr>
<tr>
<td>EIN</td>
<td>Your Employer Identification Number (EIN) is a unique nine-digit number assigned by the Internal Revenue Service (IRS) to business entities, including nonprofits, operating in the U.S. for the purposes of identification. It can also be called a Tax ID Number.</td>
</tr>
<tr>
<td>Endowment</td>
<td>An investment fund established by a foundation or nonprofit that makes consistent withdrawals from the invested capital. The principal investment amount is generally kept intact and grows over time, while the investment income is used as a revenue stream to support programs and operations. Building an endowment can be key to long-term sustainability.</td>
</tr>
<tr>
<td>Fair Market Value (FMV)</td>
<td>In the simplest sense, fair market value (FMV) is the price that property would sell for on the open market. It is an estimate of the value of an item and, if your nonprofit is selling items or event tickets to raise money, should be subtracted from the total donation amount to determine the tax-deductible amount ($).</td>
</tr>
<tr>
<td>#GivingTuesday</td>
<td>Celebrated on the Tuesday following Thanksgiving (in the U.S.) and the widely recognized shopping events Black Friday and Cyber Monday, #GivingTuesday is an online giving day that kicks off the charitable season.</td>
</tr>
<tr>
<td>In-Kind Gifts</td>
<td>In-kind gifts, also called gifts-in-kind or non-cash contributions, are donations of tangible goods to a charitable organization. You'll want to thank your donors for in-kind gifts, but by law, your nonprofit cannot assign the gift a dollar value.</td>
</tr>
<tr>
<td>Lapsed Donors</td>
<td>Donors who gave last year or earlier but have not given this year. This group deserves special attention because it's more cost-effective to retain donors than it is to acquire new ones.</td>
</tr>
<tr>
<td>LYBUNT</td>
<td>LYBUNT is a term used to refer to donors who contributed Last Year But Unfortunately Not This. These folks are also called lapsed donors.</td>
</tr>
<tr>
<td>Major Gifts</td>
<td>These are often the largest single gifts that your organization receives. There is no set dollar amount for a major gift; it might be $1,000 or $100,000 depending on the average amount for individual contributions to your nonprofit.</td>
</tr>
<tr>
<td>Matching Grant</td>
<td>A matching grant, sometimes called challenge funds, requires the recipient to raise an equal amount of money in order to receive the offer amount.</td>
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<td>TERM</td>
<td>DEFINITION</td>
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<tr>
<td>Merchant Account</td>
<td>In order to accept credit (and debit) cards for payment, organizations need to have a merchant account. A merchant account is just like a bank account - your organization's holding tank for your payments that you receive online.</td>
</tr>
<tr>
<td>NGO</td>
<td>Stands for Non-Governmental Organization. As the name suggests, NGOs operate independently of any government. While they are mainly government funded, they operate without government oversight or representation from that government. NGOs are a subset of NPOs.</td>
</tr>
<tr>
<td>NPO</td>
<td>Short for Nonprofit Organization. An NPO (or nonprofit) is a private organization offering a public service.</td>
</tr>
<tr>
<td>Peer-to-Peer (P2P)</td>
<td>Peer-to-Peer (or P2P) Fundraising is a type of online fundraising campaign. Individuals create personal fundraising pages and solicit donations on behalf of your organization from their friends, family, and extended personal networks.</td>
</tr>
<tr>
<td>Planned (or Legacy) Gift</td>
<td>A planned gift (or legacy gift) is a significant charitable gift that is arranged in the present and allocated at a future date, generally through a will or trust. The process of making these arrangements is called planned or legacy giving.</td>
</tr>
<tr>
<td>Principal Gift</td>
<td>Commonly defined as being $1 million or more and donated with stewardship from savvy experts. Often these gifts are given as appreciated assets, such as stock purchased at a lower value that has become more valuable over time. The donor receives a tax write-off for the appreciated amount.</td>
</tr>
<tr>
<td>Recurring Donation</td>
<td>A Recurring donation, or recurring gift, is an ongoing, specific gift amount determined by a donor that is charged monthly to a donor's credit card.</td>
</tr>
<tr>
<td>Restricted Gift</td>
<td>A donation made with the stipulation that it be used for a particular purpose or program. Empowers donors to feel secure that their gifts will be used as they envision.</td>
</tr>
<tr>
<td>ROI</td>
<td>Return on Investment is a way to evaluate efficiency, expressed as a percentage. For nonprofits, your investment is the dollar value of time and resources to achieve an outcome. Enables you to determine whether the initial investment is reasonable for the final outcome. The formula for calculating ROI is (Benefit-Cost)/Cost * 100.</td>
</tr>
<tr>
<td>Segmentation</td>
<td>Segmentation is the process of dividing your supporters into groups based on shared characteristics and past engagement. These groups then receive more personally tailored outreach and fundraising appeals during your campaign.</td>
</tr>
<tr>
<td>Soft Credit</td>
<td>A soft credit is a credit for a donation that a contact or donor did not actually make, but may have somehow influenced.</td>
</tr>
<tr>
<td>SYBUNT</td>
<td>Some Years But Unfortunately Not This. Describes donors who have contributed to your organization in the past but not within the previous year. Like LYBUNTs, they are considered Lapsed Donors.</td>
</tr>
<tr>
<td>Tax-Deductible Amount</td>
<td>Cash contributions to a registered 501 (c)(3) nonprofit are 100% tax-deductible. However, if you sell an item (such as an event ticket), the Fair Market Value of that item must be subtracted from the full payment amount. The remainder is the tax-deductible amount for the contribution.</td>
</tr>
<tr>
<td>Third Sector</td>
<td>Another name for the nonprofit sector. Also called the civic or social sector of the economy, the term distinguishes nonprofits from public or private sector enterprise.</td>
</tr>
<tr>
<td>Transaction Fee</td>
<td>A transaction fee is an expense a business or nonprofit must pay to process each electronic payment they receive. Transaction fees vary across service providers, costing up to 5.0% of the full transaction amount plus $0.20 to $0.35 per transaction.</td>
</tr>
<tr>
<td>Unrestricted Gift</td>
<td>A gift made by a donor with no limitations on how the gift is to be used. Nonprofits can generally use these gifts towards any purpose.</td>
</tr>
</tbody>
</table>
Section 3. AlignCare™ Social Service Agencies

Local social service agencies play an integral role in the AlignCare™ system by identifying eligible families needing veterinary care. They are responsible for introducing the family to AlignCare™, screening the family for eligibility, and referring the family to the Veterinary Social Work Coordinator for AlignCare™ enrollment.

Identifying Eligible Families

Families are referred to AlignCare™ when a need for veterinary care is expressed to the social service agency and eligibility requirements are met. AlignCare™ eligibility requirements include:

- **Bonded Family** – The family views the pet as a family member and has reported feeling stressed over not being able to afford veterinary services.
- **Need for assistance** – The family is income eligible as evidenced by currently receiving public assistance that includes, but is not limited to, Cash Assistance, SNAP, SSI, WIC, Medicaid, and/or Section 8 Housing (HUD, KCDK).
- **Willingness to partner** – The family must be willing to work with the Veterinary Social Work Coordinator and the veterinary service provider.

The social service agency completes a screening form to determine AlignCare™ eligibility and provides the family with an AlignCare™ information packet. The social service agency refers the family to the Veterinary Social Work Coordinator who reviews the screening information, obtains consent forms, conducts an enrollment interview and connects the family to a participating veterinary service provider in the affiliate community.

The referring social service agency continues to be the primary case manager for the AlignCare™ family and continues to provide services for issues that are not animal-related and/or require intensive and/or long-term treatment, as these issues are outside the scope of practice for a Veterinary Social Work Coordinator. When these issues arise, the Veterinary Social Work Coordinator will refer the client to the social service agency of record for additional support and/or referral. Examples of such situations include, but are not limited to:

- 24/7 Crisis Intervention Support
- Active addiction to alcohol or drugs and/or the need for medical detoxification
- Problems around eating and nutrition that may require medical support and an interdisciplinary team approach
- Evidence/risk of progressive deterioration in mental or emotional functioning that requires intensive intervention
- Acute risk of harm to self or others requiring emergency intervention in a controlled environment (i.e., hospitalization)
- History of long-term treatment and continued need for that level of care
- Client requests or expects multiple contacts in a week
Collaboration Agreement

Between the
The University of Tennessee on behalf of its
Program for Pet Health Equity
Center for Behavioral Health Research
And
[Name of Social Service Provider]

1.0 PURPOSE

The purpose of this Collaboration Agreement (or Agreement) is to acknowledge an ongoing and strategic relationship between The University of Tennessee on behalf of its Program for Pet Health Equity, College of Social Work, at The University of Tennessee, Knoxville (hereinafter referred to as “PPHE”) and [Name of Social Service Provider], a veterinary service provider (hereinafter referred to as “SSP”) who is engaged in direct clinical care of pets. Both the PPHE and the SSP may be referred to individually as the “party” or collectively as the “parties.” The parties of this Agreement understand that it enables the ongoing conduct of the research project AlignCare™.

AlignCare™ is a three-year, multi-site research and development proof of concept project to improve access to veterinary care. SSP will recruit and screen families for eligibility and refer to the Veterinary Social Work Coordinator (VSWC) for enrollment. The project is made possible through a generous grant from Maddie’s Fund. In addition, other grantors are supporting the project by providing funds to pay for veterinary services.

Expected outcomes of the project are outlined in the AlignCare™ Community Manual, which is subject to change as the project progresses.

2.0 SCOPE OF ACTIVITIES

2.1 Under this Agreement, the SSP agrees to:

1. Ensure screening form is properly submitted to AlignCare™ to help document program eligibility.
2. Interact with a Veterinary Social Work Coordinator (VSWC) who provides ancillary family support and counseling related to the pet.
3. Participate in the exchange of information via written communication (e.g., email), and telephone and video meetings.
4. Adhere to the policies and procedures as outlined in the *AlignCare™ Community Manual*, specifically the Social Service Providers Policies & Procedures, including:
   a. Identify and screen potential clients.
   b. Refer clients to Veterinary Social Work Coordinator.
   c. Keep AlignCare™ client information confidential.
   d. Engage in a productive, communicative working relationship with the AlignCare™ client, veterinary service provider, and veterinary social work coordinator.

2.2 Under this Agreement, the PPHE will:

   1. Provide the social service provider with an *AlignCare™ Community Manual*, which expands on the policies and procedures.
   2. Facilitate monthly video meetings.
   3. Provide technical assistance and guidance on AlignCare™ service delivery.
   4. Keep social service client information confidential.

### 3.0 RENEWAL, TERMINATION, AND AMENDMENT

3.1 This Agreement shall remain in force until the completion of the project and may be extended by the written consent of both Collaborators.

3.2 This Agreement may be terminated by either collaborator giving written notice to the other party at least 60 days in advance of the stated termination date. Termination of this Agreement shall not affect activities in progress pursuant to specific activity agreements, which shall continue until concluded by the parties in accordance with their terms or as otherwise agreed to by the parties in writing.

3.3 This Agreement may be amended only by the written consent of the parties.

### 4.0 MISCELLANEOUS

4.1 This Agreement is governed by Tennessee law.

4.2 Any liability of PPHE and The University of Tennessee to VSP and third parties for any claims, damages, losses, or costs arising out of or related to acts performed by the university under this agreement will be governed by the Tennessee Claims Commission Act, Tenn. Code Ann. §§ 9-8-301, et. seq.
5.0 COLLABORATORS

Each collaborator has had the ability to read and accept all conditions and terms listed above and indicates full acceptance and approval of this collaboration agreement by signing below. Collaborators shall give notice should a new person be named.

In witness thereof, the parties have offered their signatures hereto:

**Social Service Provider:**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Printed Name</th>
<th>Date</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Federal ID</th>
<th>Telephone</th>
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<table>
<thead>
<tr>
<th>Address</th>
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</table>

<table>
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<tr>
<th>AlignCare™ Project Contact</th>
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</table>

<table>
<thead>
<tr>
<th>Email Address</th>
<th>Telephone</th>
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**The University of Tennessee:**

<table>
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<tr>
<th>Signature</th>
<th>Printed Name</th>
<th>Date</th>
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<tr>
<th>Title</th>
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<table>
<thead>
<tr>
<th>Email Address</th>
<th>Telephone</th>
</tr>
</thead>
</table>
Social Service Agency
AlignCare™ Screening Form

Client Information
Pet Owner Name:
Address:
Phone:
Email:

Income Eligibility
Please indicate which of the following benefits client currently receives (check all that apply).

- Public Assistance (cash assistance)
- Medicaid
- Food Stamps
- Section 8
- Emergency Housing
- SSI
- Other means-tested benefit __________________________

Pet Information
How many pets are currently in the family? ______

#dogs____ #cats____ #other species 1_____ #other species 2_____ #other species _____3

Please complete the following information for each pet in the family.

<table>
<thead>
<tr>
<th>Pet Name</th>
<th>Species</th>
<th>Breed</th>
<th>Age</th>
<th>Spay/Neuter Y/N</th>
<th>Current health concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pet 1</td>
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<tr>
<td>Pet 2</td>
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<td>Pet 3</td>
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</tr>
<tr>
<td>Pet 4</td>
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</tr>
</tbody>
</table>
Section 4. **AlignCare™ Veterinary Social Work Coordinator**

**Veterinary Social Work** is a growing area of social work practice that attends to the human needs that arise at the intersection of veterinary medicine and social work practice. The four areas of veterinary social work are: *Grief & Pet Loss, Animal-Assisted Interactions, The Link Between Human & Animal Violence, and Compassion Fatigue and Conflict Management.*

**AlignCare™ Veterinary Social Work Coordinator**

- Enroll eligible families into AlignCare™
- Provide informed consent for AlignCare™ participation and national study enrollment
- Facilitate communication between AlignCare™ families and veterinary service provider
- Individualize VSW action plan with VSPs.
- Maintain HIPAA-compliant electronic health records
- Assist AlignCare™ families with pet-related resource needs
- Provide support and psycho-education about anticipatory grief
- Facilitate telehealth enrollment
- Provide support for coping with animal illness and/or...

AlignCare™ Veterinary Social Work Coordinators (VSWC) serve as a gateway into AlignCare™ by providing allied help to the social service agency by supporting clients with pet related issues and setting client expectations regarding veterinary care. In addition, they support the veterinary care team as they care for the pets of AlignCare™ clients.

The Veterinary Social Work Coordinator may be a licensed social worker or a veterinary professional with advanced training from the University of Tennessee College of Social Work’s [Veterinary Social Work Certificate Program](#) or Veterinary Human Support Certificate.

AlignCare™ VSWC receives referrals from social service agencies working with families bonded with companion animals and who are currently receiving public assistance.

AlignCare™ VSWC provides ancillary support services that are designed to provide human support during a pet’s treatment and care at a participating AlignCare™ veterinary service provider.

The VSWC also provides consultation and support for participating social service agencies and veterinary service providers in their care of AlignCare™ families. Consultation and support include:
a) helping with the AlignCare™ enrollment and use process,
b) helping the family with treatment decisions if needed, and
c) end of life care preparation, decision making, and support.

The VSWC offers liaison support between the family, the veterinary care team, and the social service agency regarding AlignCare™ patient health and animal-related human support needs. They are available to provide consultation and support for veterinary care teams regarding AlignCare™ families, provide non-medical support to the family during treatment or end-of-life decision making, provide support, and psychoeducation about anticipatory grief. The VSWC can also offer assistance in coping with life adjustments associated with a pet's illness or death and provide consultation with the primary social service provider regarding the pet's loss.

The VSWC does not become a primary social service provider for the enrolled family but instead supports the social service agency in its stated treatment goals for the family. The VSWC also does not advise on veterinary medical decisions but instead helps the veterinary care team in communicating therapeutic options in ways that the family can understand and use to make decisions.

VSWC’s educate social service agencies about AlignCare™ support and the enrollment process. The VSWC provides the social service agency with an AlignCare™ enrollment packet to give to families at the screening appointment. The AlignCare™ Enrollment Packet includes descriptions of:

- Veterinary Social Work Coordinator services
- Veterinary Service Provider services
- Teleadvice and Telemedicine services
- Client Education services
- Enrollment & Agreement Forms
- University of Tennessee CARE National Study description and informed consent form

Upon receipt of an AlignCare™ family referral, the VSWC contacts the family to begin the enrollment process. Enrollment involves completion of an intake interview, review of the AlignCare™ Enrollment Packet, and data entry into the AlignCare™ Information Management System.

The VSWC informs the family of the opportunity to participate in the University of Tennessee national study. Family disposition at enrollment may be (a) only AlignCare™ enrollment, (b) AlignCare™ enrollment and participation in the study, (c) AlignCare™ Waitlist, or (d) AlignCare™ Waitlist and participation in the study. Families electing to participate in the national study will complete informed consent forms and provided a link to the national study.
The following graphic illustrates the Veterinary Social Work Coordinator’s activities in intake & enrollment, client services, and veterinary service provider (VSP) services.

Activities that are outside the scope of practice of the VSWC include psychological concerns that are: (a) not animal-related and (b) require intensive or long-term treatment. When these issues arise, the VSWC will refer the client to the social service agency of record for additional support or referral. Examples of such cases include, but are not limited to:

- 24/7 Crisis Intervention Support.
- Active addiction to alcohol or drugs and the need for medical detoxification.
- Problems around eating and nutrition that may require medical support and an interdisciplinary team approach.
- Evidence/risk of progressive deterioration in mental or emotional functioning that requires intensive intervention.
- Acute risk of harm to self or others requiring emergency intervention in a controlled environment (i.e., hospitalization).
- History of long-term treatment and continued need for that level of care.
- Client requests for or expectations of multiple contacts in a week.
Veterinary Social Work Coordinator  
AlignCare™ Enrollment Form

**Referring Social Service Agency Information**

Case Manager Name: 
Case Manager Phone: 
Case Manager Email: 

**Client Information**

Pet Owner Name: 
Address: 
Phone: 
Email: 

**Pet Information**

How many pets are currently in the family? 

#dogs  #cats  #other species 1  #other species 2  #other species 3

Please complete the following information for each pet in the family.

<table>
<thead>
<tr>
<th></th>
<th>Pet Name</th>
<th>Species</th>
<th>Breed</th>
<th>Age</th>
<th>Spay/Neuter Y/N</th>
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</thead>
<tbody>
<tr>
<td>Pet 1</td>
<td></td>
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<td>Pet 3</td>
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<tr>
<td>Pet 4</td>
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</tr>
</tbody>
</table>
## Pet Information Interview

<table>
<thead>
<tr>
<th>How did the family get the pet?</th>
<th>Pet 1</th>
<th>Pet 2</th>
<th>Pet 3</th>
<th>Pet 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>How did the pet earn its name?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who is responsible for feeding the pet?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Who is responsible for taking the pet for a walk?</td>
<td></td>
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</tr>
<tr>
<td>Who spends the most time with the pet?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Describe the relationships between the pet and members of the family.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Who take care of the pet the most?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who worries about the pet the most?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How does the pet express itself as a member of the family?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Collaboration Agreement

Between the

The University of Tennessee on behalf of its
Program for Pet Health Equity
Center for Behavioral Health Research

And

[Name of Veterinary Social Work Coordinator]

1.0 PURPOSE

The purpose of this Collaboration Agreement (or Agreement) is to acknowledge an ongoing and strategic relationship between the Program for Pet Health Equity, College of Social Work, University of Tennessee, Knoxville (hereinafter referred to as “PPHE”), Veterinary Social Work at the University of Tennessee (hereinafter referred to as “UTVSW”), and Veterinary Social Work Coordinator, (hereinafter referred to as “VSWC”) who is engaged in coordination of AlignCare™ clients. PPHE, UTVSW, and the VSWC may be referred to individually as the “party” or collectively as the “parties.” The parties of this Agreement understand that it enables the ongoing conduct of the implementation stage of the research project.

AlignCare™ is a three-year, multi-site research and development proof of concept project to improve access to veterinary care. Qualified families are enrolled into AlignCare™ through social service agencies and referred to enrolled Veterinary Service Providers (VSP) when veterinary care is needed. The project is made possible through a generous grant from Maddie’s Fund. In addition, other grantors are supporting the project by providing funds to pay for veterinary services.

Expected outcomes of the project are outlined in the AlignCare™ Community Manual, which is subject to change as the project progresses.

2.0 SCOPE OF ACTIVITIES

2.1 Under this Agreement, the VSWC agrees to:

- Adhere to reporting requirements to help ensure project outcomes are documented.
- Interact with social service agencies, veterinary service providers, and AlignCare™ clients.
- Participate in the exchange of information via written communication (e.g., email), and telephone and video meetings.
• Keep AlignCare™ client information confidential.
• Complete ______ Keystone Project Hours dedicated to AlignCare™ in exchange for a ______ Scholarship to UTVSW’s trainings.
• Adhere to the policies and procedures as outlined in the AlignCare™ Community Manual, specifically the Veterinary Social Work Coordinator Policies & Procedures, including:
  ○ Provide human support during an AlignCare™ animal’s treatment and care
  ○ Consult and support for participating social service agencies and veterinary service providers in their care of AlignCare™ families, including
    ■ helping with the AlignCare™ enrollment and use process,
    ■ helping the family with treatment decisions if needed, and
    ■ end of life care preparation, decision making, and support.
  ○ Refer the client to the social service agency of record for additional support and/or referral if a need outside of VSWC’s scope of practice arises

2.2 Under this Agreement, the UTVSW will:

• Facilitate supervision session (at least monthly but likely bi-weekly) with all VSWC’s
• Provide consultation for the VSWC on as needed basis
• Provide the Electronic Health Record needed for case coordination
• Ensure a productive learning experience

2.3 Under this Agreement, the PPHE will:

• Provide the VSWCP with an AlignCare™ Community Manual, which expands on the policies and procedures.
• Facilitate monthly video meetings.
• Provide technical assistance and guidance on AlignCare™ service delivery.

3.0 RENEWAL, TERMINATION, AND AMENDMENT

3.1 This Agreement shall remain in force until the completion of the project, and may be extended by the written consent of both Collaborators.

3.2 This Agreement may be terminated by either collaborator giving written notice to the other party at least 60 days in advance of the stated termination date. Termination of this
Agreement shall not affect activities in progress pursuant to specific activity agreements, which shall continue until concluded by the parties in accordance with their terms or as otherwise agreed to by the parties in writing.

3.3 This Agreement may be amended only by the written consent of the parties.

4.0 MISCELLANEOUS

4.1 This Agreement is governed by Tennessee law.

4.2 Any liability of PPHE and The University of Tennessee to VSP and third parties for any claims, damages, losses, or costs arising out of or related to acts performed by the university under this agreement will be governed by the Tennessee Claims Commission Act, Tenn. Code Ann. §§ 9-8-301, et. seq.

5.0 COLLABORATORS

Each collaborator has had the ability to read and accept all conditions and terms listed above and indicates full acceptance and approval of this collaboration agreement by signing below. Collaborators shall give notice should a new person be named.

In witness thereof, the parties have offered their signatures hereto:

Veterinary Social Work Certificate Participant:

_________________________________       _______________________________      _______________
Signature                                                                      Printed Name                                                                                Date

______________________________________________________________________________
Title                                                                                                             Telephone

___________________________________________________________________
Address

___________________________________________________________________
Email Address
Section 5. AlignCare™ Veterinary Service Providers

Veterinary service providers who desire to be a part of AlignCare™ must enroll in the program. By enrolling, they agree to:

- Provide veterinary services to pets of families enrolled in AlignCare™.
- Deliver patient-centered veterinary care to achieve the best possible outcomes for the pet, in the context of limited resources.
- Use incremental veterinary care as a case management strategy.
- Adhere to the payment policies of AlignCare™.
- Communicate risks and manage client expectations regarding treatment and procedures.
- Utilize complete patient health record systems to sufficiently document case management activities.
- Share AlignCare™ family pet health information with AlignCare™ National.
- Work with an AlignCare™ Veterinary Social Work Coordinator to facilitate communication with the client and support of the veterinary care team.
- Participate as requested in periodic meetings to monitor AlignCare™ implementation.
- Help characterize incremental veterinary care by granting access to select patient and client information via the AlignCare™ information system that:
  - Tracks supported services and financials.
  - Captures and maintains information in the AlignCare™ database.
  Note: Until the information system is operational, email and other forms of communicating will be utilized.
- Use technology options (e.g., telemedicine) when available and appropriate, to help with cost containment and improve access to veterinary care for AlignCare™ enrollees.
- Report suspected animal cruelty, abuse, or neglect to the Veterinary Social Work Coordinator.

Medical, surgical, and behavioral treatment decisions are determined by the veterinary service provider working with the AlignCare™ family, and taking into consideration the financial constraints. The Veterinary Social Work Coordinator is available to assist with decisions about treatment not covered in its entirety through AlignCare™. Considering this, the decision to treat a condition should take into account the provisional diagnosis, the cost of treatment, and the prognosis/outcome. The AlignCare™ client has the option to obtain funding from other sources.
The graphic below illustrates incremental veterinary care coverage. It reflects total coverage of wellness/preventive care procedures (e.g., vaccines, spay/neuter) and limits to the coverage, such as when the costs of care become prohibitive.

AlignCare™ Payments and Pricing

Copayment
The veterinary service provider is responsible for collecting a copayment for each visit from the AlignCare™ client, being applied to the charge for services rendered. Generally, the AlignCare™ client’s copayment for services is at a rate of 20% of the total fees. Under certain circumstances, the copayment may be less. The veterinary service provider is responsible for providing the AlignCare™ client with an estimate of costs before services are rendered, and receiving their approval to proceed with the services.

Upon enrollment, the Veterinary Social Work Coordinator will share with the AlignCare™ client the copayment information and will notify the VSP of the new client.

If the AlignCare™ client is unable to pay the copayment, the veterinary service provider should follow their standard procedures and notify the Veterinary Social Work Coordinator. See the Emergency Services section for steps to be taken in cases of emergencies.

Payment for Services Rendered
The total amount paid for services rendered is based on comparable rates charged by low-cost veterinary service providers in the area, and the maximum allowed subsidy. Pricing will vary amongst communities and will be negotiated on an individual basis. The source of payment is a
combination of the copayment from the AlignCare™ client and the subsidy from the AlignCare™ Fund.

During the AlignCare™ pilot study, veterinary service providers must submit to The University of Tennessee invoices for services. Payment for services will be via electronic transfer of funds.

**Scope of Covered Veterinary Services and Pricing**

Enrolled veterinary service providers agree to provide AlignCare™ covered services at the set rate, which is referenced to the amounts charged by low-cost veterinary service providers in the area.

**Wellness/Preventive Care**

The pilot study will help to determine what should be included in the *AlignCare™ Wellness Package*, intended for dogs and cats through three life stages. In addition to an annual physical exam, immunizations, and parasite control, certain onetime events, e.g., spay/neuter, or services and products recommended by the veterinary service provider may also be covered. VSPs will determine the recommended essential services and products, in part based on local norms.

The life stages are:

1. **Puppies/Kittens** (under one year of age)
2. **Adults**
   a. **Dogs**: 1 – 7 years of age
   b. **Cats**: 1 – 10 years of age
3. **Seniors**
   a. **Dogs**: Over 7 years of age
   b. **Cats**: Over 10 years of age
### AlignCare™ Veterinary Care Categories: Wellness/Preventive Care

<table>
<thead>
<tr>
<th></th>
<th>Puppies (under one year)</th>
<th>Kittens (under one year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Essential Services/Products ¹:</strong></td>
<td>Quantity</td>
<td>Basic Fee²</td>
</tr>
<tr>
<td>Physical Examination</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Vaccinations:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DA₂PPL</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Rabies (1 year)</td>
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<td></td>
</tr>
<tr>
<td>Fecal Exams</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Deworming</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Flea/Tick/Heartworm Preventative</td>
<td>12 months</td>
<td></td>
</tr>
<tr>
<td>Nail Trim</td>
<td>2</td>
<td>$XXX</td>
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**Additional Services/Products:**

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<th>Puppies (under one year)</th>
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</thead>
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</tr>
<tr>
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<tr>
<td>Microchip</td>
<td>1 ($XXX)</td>
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</tr>
<tr>
<td>Bordetella Vaccine</td>
<td>1 ($XXX)</td>
<td>FeLV Vaccine</td>
</tr>
<tr>
<td>Lyme Vaccine</td>
<td>1 ($XXX)</td>
<td>FeLV/FIV Test</td>
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### Dogs - Adult (1 - 7 years)

<table>
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<th>Cats - Adult (1 - 10 years)</th>
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<td>+/- Rabies (3 year)</td>
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</tr>
<tr>
<td>Heartworm</td>
<td>1</td>
<td></td>
<td>Midlife Panel ³</td>
</tr>
<tr>
<td>Midlife Panel³</td>
<td></td>
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<td>Fecal Exam</td>
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<td>Fecal Exam</td>
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<tr>
<td>Deworming</td>
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<td>Nail Trim</td>
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<tr>
<td>Flea/Tick/Heartworm Preventative</td>
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<tr>
<td>Nail Trim</td>
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<td>$XXX</td>
<td>Total:</td>
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**Additional Services/Products:**

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<tr>
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<th>Cats - Adult (1 - 10 years)</th>
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<tbody>
<tr>
<td>Spay</td>
<td>1</td>
<td>$XXX</td>
<td>Spay</td>
</tr>
<tr>
<td>Neuter</td>
<td>1</td>
<td>$XXX</td>
<td>Neuter</td>
</tr>
<tr>
<td>Microchip</td>
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<td>$XXX</td>
<td>Microchip</td>
</tr>
<tr>
<td>Bordetella Vaccine</td>
<td>1</td>
<td>$XXX</td>
<td>FeLV Vaccine</td>
</tr>
<tr>
<td>Lyme Vaccine</td>
<td>1</td>
<td>$XXX</td>
<td>FeLV/FIV Test</td>
</tr>
<tr>
<td>Dental Cleaning</td>
<td>1</td>
<td>$XXX</td>
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</tr>
<tr>
<td>Urinalysis</td>
<td>1</td>
<td>$XXX</td>
<td>Urinalysis</td>
</tr>
</tbody>
</table>
Sick Care

AlignCare™ coverage for sick and injury care has pre-determined caps, or maximum amounts to be paid, based on rates charged by local low-cost veterinary service providers. The degree of complication, i.e., uncomplicated versus complicated, and the amount of care required, i.e., one-time event versus ongoing care, for each of the care categories many require review and further adjustments in payments. In the instance of a poor or gave prognosis coupled with projected high costs, AlignCare™ coverage is limited to palliative care to maintain quality of life and/or euthanasia.
## AlignCare™ Veterinary Care Categories: Sick Care

<table>
<thead>
<tr>
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<th>Care Category</th>
<th>Fee²</th>
<th>Maximum³</th>
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<tr>
<td></td>
<td>Allergies</td>
<td>$XXX</td>
<td>$XXX</td>
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<tr>
<td></td>
<td>Atopic or Allergic Dermatitis</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Food Allergies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ear/Eye Conditions</td>
<td>$XXX</td>
<td>$XXX</td>
</tr>
<tr>
<td></td>
<td>Otitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ear Mites</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Corneal damage</td>
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<tr>
<td></td>
<td>Dry Eye (Keratoconjunctivitis Sicca)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pink Eye (Conjunctivitis)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cataracts</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Glaucoma</td>
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<tr>
<td></td>
<td>Skin Conditions</td>
<td>$XXX</td>
<td>$XXX</td>
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<tr>
<td></td>
<td>Mass/Benign Skin Neoplasia</td>
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<tr>
<td></td>
<td>Pyoderma (hot spots)</td>
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<td>Musculoskeletal Conditions</td>
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<td>$XXX</td>
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<tr>
<td></td>
<td>Osteoarthritis</td>
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<tr>
<td></td>
<td>Lameness</td>
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<td></td>
<td>Dental Conditions</td>
<td>$XXX</td>
<td>$XXX</td>
</tr>
<tr>
<td></td>
<td>Periodontitis/Tooth Infection</td>
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<tr>
<td></td>
<td>Fractured Teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Internal Medicine Conditions</td>
<td>$XXX</td>
<td>$XXX</td>
</tr>
<tr>
<td></td>
<td>Upset Stomach</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intestinal Inflammation/Diarrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cystitis or Urinary Tract Infection/Disease</td>
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</tr>
<tr>
<td></td>
<td>Renal Disease/Failure</td>
<td></td>
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<tr>
<td></td>
<td>Hyperthyroidism</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intestinal Inflammation/Diarrhea</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Diabetes Mellitus</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inflammatory Bowel Disease</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Valvular Heart Disease or Murmur</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Upper Respiratory Infection</td>
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</tr>
<tr>
<td></td>
<td>Injuries</td>
<td>$XXX</td>
<td>$XXX</td>
</tr>
<tr>
<td></td>
<td>Foreign Body Ingestion</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hit By Car</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Poisoning</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lacerations/Bite Wounds</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Abscesses</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Eye Trauma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Torn or Broken Nail</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Heat Stroke/Dehydration</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cats</th>
<th>Care Category</th>
<th>Fee²</th>
<th>Maximum³</th>
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<tbody>
<tr>
<td></td>
<td>Dental Conditions</td>
<td>$XXX</td>
<td>$XXX</td>
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<tr>
<td></td>
<td>Periodontitis/Tooth Infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fractured Teeth</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Internal Medicine Conditions</td>
<td>$XXX</td>
<td>$XXX</td>
</tr>
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<td></td>
<td>Cystitis or Urinary Tract Infection/Disease</td>
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<td>Injuries</td>
<td>$XXX</td>
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<td>Lacerations/Bite Wounds</td>
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<td>Eye Trauma</td>
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<td>Torn or Broken Nail</td>
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<tr>
<td></td>
<td>Heat Stroke/Dehydration</td>
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1. Sources:
   - [dvm360: Top 3 Most Common Pet Insurance Claims](https://www.dvm360.com/guides/top-3-most-common-pet-insurance-claims/
   - [PetMD: Top 10 Dog and Cat Injuries](https://www.petmd.com/pet-care/conditions-top-10-dog-and-cat-injuries/
   - [ASPCA Pet Health Insurance: Top 5 Dog Injuries](https://www.aspcapetinsurance.com/pet-health-insurance/conditions-top-5-dog-injuries/
   - [ASPCA Pet Health Insurance: Top 5 Cat Injuries](https://www.aspcapetinsurance.com/pet-health-insurance/conditions-top-5-cat-injuries/
   - [ASPCA Pet Health Insurance: Top Eye Problems for Dogs](https://www.aspcapetinsurance.com/pet-health-insurance/conditions-top-eye-problems-for-dogs/
   - [ASPCA Pet Health Insurance: Top Eye Problems for Cats](https://www.aspcapetinsurance.com/pet-health-insurance/conditions-top-eye-problems-for-cats/

2. The fee is the average charge for the care category, provided by the low-cost veterinary service provider in the community.

3. Maximum dollar amount that AlignCare™ will compensate a veterinary service provider for the care category.
AlignCare™ Veterinary Care Categories: Sick Care

Example to clarify pricing and payments:
Consider a hypothetical case of a dog suspected of ingesting a fish hook. The fee-for-service charge for surgical exploration is $1,200. The AlignCare™ care category would be “Injuries” paying a maximum of $800, indexed to that particular community. The shared payment would be:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tr>
<td>Copayment (by the AlignCare™ client based on 20%)</td>
<td>$160</td>
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<td>AlignCare™ Subsidy (by the AlignCare™ Fund)</td>
<td>$640</td>
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<td><strong>Total</strong></td>
<td><strong>$800</strong></td>
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**Emergency Services**
In case of an emergency, AlignCare™ enrollees are to be served in accordance with the normal procedures of the veterinary service provider.

If the AlignCare™ client is unable to pay the copayment and it is an emergency situation, the veterinary service provider should address the emergency to stabilize the patient and notify the Veterinary Social Work Coordinator.
Collaboration Agreement

Between the

The University of Tennessee on behalf of its
Program for Pet Health Equity
Center for Behavioral Health Research

And

[Name of Veterinary Service Provider]

1.0 PURPOSE

The purpose of this Collaboration Agreement (or Agreement) is to acknowledge an ongoing and strategic relationship between The University of Tennessee on behalf of its Program for Pet Health Equity, College of Social Work, at The University of Tennessee, Knoxville (hereinafter referred to as “PPHE”) and [Name of Veterinary Service Provider], a veterinary service provider (hereinafter referred to as “VSP”) who is engaged in direct clinical care of pets. Both the PPHE and the VSP may be referred to individually as the “party” or collectively as the “parties.” The parties of this Agreement understand that it enables the ongoing conduct of the research project AlignCare™.

AlignCare™ is a three-year, multi-site research and development proof of concept project to improve access to veterinary care. Qualified families are enrolled into AlignCare™ through a Veterinary Social Work Coordinator (VSWC) and referred to enrolled VSPs when veterinary care is needed. The project is made possible through a generous grant from Maddie’s Fund. In addition, other grantors are supporting the project by providing funds to pay for veterinary services.

Expected outcomes of the project are outlined in the AlignCare™ Community Manual, which is subject to change as the project progresses.

2.0 SCOPE OF ACTIVITIES

2.1 Under this Agreement, the VSP agrees to:

- Provide veterinary services to pets of AlignCare™ enrollees, utilizing the principle of incremental veterinary care as outlined in the AlignCare™ Community Manual, a copy of which is attached as Attachment A and incorporated herein.
● Adhere to the reporting requirements, as outlined in the *AlignCare™ Community Manual*, to help ensure project outcomes are documented.

● Accept compensation for services by co-pay from the pet owner and electronic transfer of funds from The University of Tennessee on behalf of the PPHE.

● Interact with a Veterinary Social Work Coordinator (VSWC) who provides family support and counseling related to the pet.

● Participate in the exchange of information via written communication (e.g., email), and telephone and video meetings.

● Adhere to the policies and procedures as outlined in the *AlignCare™ Community Manual*, specifically the section for VSPs, including:
  ○ Delivery of patient-centered veterinary care to achieve the best possible outcomes for the patient, in the context of limited resources.
  ○ Help characterize and utilize incremental veterinary care as a case management strategy.
  ○ Use technology options (e.g., telemedicine) when available and appropriate, to improve access to veterinary care for AlignCare™ enrollees.
  ○ Engage in a productive, communicative working relationship with the AlignCare™ client, family support provider, and veterinary social worker.
  ○ Permit access to select AlignCare™ patient information, electronically and otherwise.
  ○ Report suspected animal cruelty, abuse, or neglect to the assigned social worker.
  ○ Submit statements to the designated office (Center for Behavioral Health Research) for payment for services.

2.2 Under this Agreement, the PPHE will:

● Provide the veterinary service provider with an *AlignCare™ Community Manual*, which expands on the policies and procedures.

● Facilitate monthly video meetings.

● Provide technical assistance and guidance on AlignCare™ service delivery.

● Process veterinary service provider invoices in a timely manner.
  ○ Reimburse for up to an agreed maximum dollar amount for agreed upon veterinary services provided to pets of AlignCare™ enrollees, as described in the *AlignCare™ Community Manual*. Reimbursement is determined by, but not limited to, the following:
    ■ Geographic location.
    ■ Comparable rates of low-cost veterinary services in the area.
    ■ Maximum allowed subsidy per AlignCare™ family.

Medical, surgical, and behavioral treatment decisions are determined by the veterinary service provider working with the AlignCare™ family, taking into consideration the allowed subsidy per AlignCare™ family.
3.0 RENEWAL, TERMINATION, AND AMENDMENT

3.1 This Agreement shall remain in force until the completion of the project, and may be extended by the written consent of both Collaborators.

3.2 This Agreement may be terminated by either collaborator giving written notice to the other party at least 60 days in advance of the stated termination date. Termination of this Agreement shall not affect activities in progress pursuant to specific activity agreements, which shall continue until concluded by the parties in accordance with their terms or as otherwise agreed to by the parties in writing.

3.3 This Agreement may be amended only by the written consent of the parties.

4.0 MISCELLANEOUS

4.1 This Agreement is governed by Tennessee law.

4.2 Any liability of PPHE and The University of Tennessee to VSP and third parties for any claims, damages, losses, or costs arising out of or related to acts performed by the university under this agreement will be governed by the Tennessee Claims Commission Act, Tenn. Code Ann. §§ 9-8-301, et seq.

5.0 COLLABORATORS

Each collaborator has had the ability to read and accept all conditions and terms listed above and indicates full acceptance and approval of this collaboration agreement by signing below. Collaborators shall give notice should a new person be named.

In witness thereof, the parties have offered their signatures hereto:

Veterinary Service Provider:

________________________________        ___________________________         _____________
Signature                                                                                            Printed Name                                                                        Date

____________________________________       ____________________     ___________________
Title                                                                                                               Federal ID                                                    Telephone

_________________________________________________________________________________
Address

________________________________
AlignCare™ Project Contact

___________________________________            ________________________________
Email Address                                                                                                   Telephone
### The University of Tennessee:

<table>
<thead>
<tr>
<th>Signature</th>
<th>Printed Name</th>
<th>Date</th>
</tr>
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<tbody>
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<table>
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<table>
<thead>
<tr>
<th>AlignCare™ Project Contact</th>
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<table>
<thead>
<tr>
<th>Email Address</th>
<th>Telephone</th>
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</table>
**AlignCare™ Incremental Veterinary Care Guide**

**Providing Clinical Care through Incremental Case Management**

**Introduction**

The purpose of this guideline is to assist the veterinary care team in utilizing incremental veterinary care as a case management strategy. While primarily intended for AlignCare™ veterinary service providers, it is a good strategy for veterinarians to manage most patients.

Incremental veterinary care controls the cost of care while achieving positive health outcomes for the patient. It facilitates the veterinarian-client-patient relationship and evidence-based veterinary medicine.

The AlignCare™ project identifies broad parameters for incremental veterinary care. A database of case management results will help to characterize evidence-based veterinary medicine and establish incremental veterinary care as a legitimate case management strategy. Information to be collected includes signalment, history, physical exam, provisional diagnosis, prognosis, case management decisions, and outcomes. An updated guide will be available to 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 in 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 therapeutic and dynamic diagnostic 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. Also, 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 option, consequently safeguarding the integrity of the 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 address every type of case seen, the majority of clinical case presentations can benefit from an incremental veterinary care case management approach. Since the veterinary practitioner’s clinical judgment is primary to the success of this type of care, clinical experience, and exposure to a broad-ranging caseload is helpful.

Incremental veterinary care maximizes the veterinarian’s judgment based on experience. 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 features of incremental veterinary care include:
- Practical-minded approach by the attending veterinarian.
- Medical team involvement with clear communications.
- Appropriate facilities and available equipment.
- Trained and motivated support staff.
- Client communication.
- Client acceptance and compliance.
- Use of technology options (e.g., telemedicine) to help control costs.

The above features are important for any veterinary practice, but particularly so when diagnostic backup is minimized and veterinary judgement based on experience is maximized, as is the case with incremental veterinary care as an approach to case management.

Although veterinarians may choose different parameters when helping a client with significant financial limitations, the following questions 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 for overnight monitoring at an emergency clinic if it is necessary?
7. Is the patient in critical condition?
8. Would significant amounts of money make a difference in a positive outcome?
Incremental Veterinary Care Decision Tree:

Case Presents

Do I have skills/resources/equipment to adequately and humanly treat and manage this case?

YES

NO → Referral Euthanasia

Is there a good prognosis? Is the animal treatable/ manageable? (with or without multiple problems)

YES

NO → Is there a simple palliative option that can extend and provide good QOL?

Is the problem(s) ongoing/chronic

YES

NO

Is the animal in critical condition?

YES

NO

Can the owner afford care or follow-up management?

YES

NO

Can the owner provide overnight monitoring at an emergency clinic

YES

NO

Note: The yellow square represents two options, referral or euthanasia. Referral could be to:
1. Another veterinarian
2. An animal rescue organization
3. Hospice
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 the AlignCare™ client's personal identifier information (e.g., name, address, telephone, etc.) and the patient's medical history and clinical findings is required. The medical record should include:

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 attention?
   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.
      i. The veterinarian may not be completely sure of what’s going on but has a reasonably solid idea.
      ii. The diagnosis may be revised with time and more information.
   b. Consider if a diagnostic test or procedure being considered will change the planned course of action and/or treatment strategy.
   c. Consider whether or not a planned course of action could be harmful without a further diagnostic testing.
5. Treatment Considerations
   a. Comfort for the pet (primary), like pain control
   b. Skill level of the attending veterinarian
   c. Owner’s desires
   d. Prognosis
   e. Resources of the owner:
      i. Cost considerations
         1. Include recommended rechecks, ongoing medication needs, etc.
         2. Financial contribution on behalf of the veterinary practice.
      ii. Capability
      iii. Time
      iv. 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, the use of email and other forms of communicating is necessary. The compilation of case data will inform and broaden the understanding of and validate the efficacy/appropriateness of incremental veterinary care as an approach to veterinary medical case management.

**Potential Liabilities**

There are potential liabilities when practicing incremental veterinary care as a case management strategy. State licensing boards and professional liability insurance companies may not accept incremental veterinary care as appropriate medical care. However, when there are financial
constraints, a veterinarian is expected to take reasonable steps to help the patient, given the financial limitations of the client.

In addition, as with any case management strategy, there is always the possibility of client dissatisfaction with outcomes. Mitigating client dissatisfaction can occur by creating and guiding reasonable client expectations, including the use of signed informed consent forms to document the communication.

**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 with 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 Veterinary Social Work Coordinator and potentially appropriate state agencies. Many states have mandatory reporting of animal cruelty, abuse, and neglect by the veterinarian.
Examples of Incremental Veterinary Care Case Management

In this section, five (5) case examples of Incremental Veterinary Care Case Management are presented.

Case 1: 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 2: 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 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 befooled 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 3: Nelly
Signalment: 14 YO FS Pit Bull
CC: Nelly was brought in because the client (a mother and son) was concerned about nine 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.
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 likely 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 4: 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 was 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 5: 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.
Pre-Exam Questionnaire

Client: ____________________________________________

Patient: __________________________________________ Date: ____________________________

Please check Yes or No for the following questions.

1) Have there been any changes in attitude, activity level, or interaction?  □ Yes    □ No

2) Have there been any changes in appetite?  □ Yes    □ No

3) Have there been any changes in water consumption? □ Yes    □ No

4) Have there been any changes in weight (gain or loss)? □ Yes    □ No

5) Have there been any problems with coughing, sneezing, or breathing?  □ Yes    □ No

6) Have there been any problems with the eyes, nose, or ears? □ Yes    □ No

7) Have you noticed any hair loss, sores, lumps, scratching, changes in grooming?  □ Yes    □ No

8) Have there been any problems with vomiting, diarrhea, or hard/dry stools? □ Yes    □ No

9) Does your pet ever eliminate in the house? Strain or frequently urinate and/or defecate? □ Yes    □ No

10) Have you noticed any changes in the amount of urine or stool? □ Yes    □ No

11) Have you noticed any sore gums, bad breath, or difficulty chewing? □ Yes    □ No

12) Have you noticed any weakness, trouble walking or jumping, in-coordination, or shaking? □ Yes    □ No

13) Have you noticed any changes in behavior (e.g., irritability, aggression, anxiety, excessive vocalization, waking you at night)? □ Yes    □ No
Please list any other health problems or concerns regarding your pet.

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Consent Form Examples

Procedure/Surgery Informed Consent Form

Date: _____________

Pet Owner Information

   Name: ______________________________________________________________
   Address: _____________________________________________________________
   Telephone: __________________________________________________________

Patient Information

   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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

_____ I accept the following select recommended laboratory tests:

________________________________________________________________________
________________________________________________________________________

_____ I decline the recommended laboratory tests.
(Initials)

_____ I have withheld food from the pet named above for at least ______ hours.
(Initials)

_____ Yes   _____ No   _____ Not applicable

_____ I understand that if the pet named above is to be spayed and she is pregnant, the spay
(Initials) procedure will terminate the pregnancy and there may be an additional charge if she is in
heat or pregnant.

_____ I understand that there are other options available to treat the pet named above that the
(Initials) 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.

_____ I authorize and agree to pay for additional veterinary services up to $ __________ for
(Initials) the procedure/surgery named above, if necessary.

_____ The attending veterinarian has answered my questions regarding this procedure or (Initials)
surgery to my satisfaction.

_____ I have been presented with and agreed to an estimate for this procedure/surgery.
(Initials)

_____ I will personally pick up the pet named above at the time of discharge from the hospital.
(Initials)   _____ Yes   _____ No

_____ If I will not pick up 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.

Pet Owner

Signature of Pet Owner: ___________________________ Date: __________
Printed Name: ____________________________________________
Contact Number: ___________________________________________

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.

Authorized Agent Signature: ___________________________ Date: __________
Printed Name: ____________________________________________
Contact Number: ___________________________________________

Or Verbal Consent
Verbal consent to euthanize pet named above by __________________ Date: __________

Signature of Witness: ___________________________ Date: __________
Printed Name of Witness: ____________________________________________
Euthanasia Informed Consent Form

Date: ______________

Pet Owner Information

Name: ______________________________________________________________
Address:_____________________________________________________________
Telephone: ____________________________________________________

Patient Information

Name: ______________________________________________________
Species/Breed: ______________________________________________
Sex/Neuter Status: ______________________________________________________
Date of Birth:___________________________________________________________

I, __________________________(pet owner), 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
(Initials) custody and under my supervision and has NOT bitten any person or animal within the
past 10 days.

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

♦ (Initials) I DECLINE a necropsy on the pet named above.
♦ _____ I request and AUTHORIZE a necropsy on the pet named above. I agree to pay
(Initials) $___________ for this service.

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.
I want a communal cremation for the pet named above with NO ashes returned. I agree to pay $________ for this service.

I want a private cremation for the pet named above with ashes returned. I agree to pay $________ for this service.

I want a private cremation for the pet named above with NO ashes returned. I agree to pay $________ for this service.

I have read and understand this authorization. Fees for these services have been explained to me.

I understand that the AlignCare™ subsidy does not pay for cremation services and I am responsible to pay these charges.

**Pet Owner**

Signature of Pet Owner: ___________________________ Date: ___________
Printed Name: ___________________________________________
Contact Number: ___________________________________________

**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.

Authorized Agent Signature: ___________________________ Date: ___________
Printed Name: ___________________________________________
Contact Number: ___________________________________________

**Or Verbal Consent**

Verbal consent to euthanize pet named above by _______________ Date: ___________

Signature of Witness: ___________________________ Date: ___________
Printed Name of Witness: ___________________________________________