



760-800-8385 - barkmeow@barkmeownow.com - barkmeownow.com

TELEHEALTH CONSENT & CLIENT AGREEMENT

SECTION 1: CLIENT & PATIENT INFORMATION

Client Full Name: _____

Email Address: _____

Phone Number: _____

Address: _____

City / State / Zip: _____

SECTION 2: VETERINARIAN-CLIENT-PATIENT RELATIONSHIP (VCPR)

Attending Veterinarian: [Dr. B Full Name], DVM

California Veterinary License Number: [License Number]

Contact Information: [Phone / Email]

A Veterinarian-Client-Patient Relationship (VCPR) is the legal and ethical foundation required before veterinary services — including telehealth — can be provided. Under California law and the AVMA Model Veterinary Practice Act, a VCPR requires that:

- The veterinarian assumes responsibility for making clinical judgments regarding the patient, and the client agrees to follow the veterinarian's instructions.
- The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis.
- The veterinarian is available for follow-up evaluation and has arranged for emergency coverage.
- Patient records are maintained.

Important: A VCPR cannot be established solely through telemedicine. Initial establishment of a VCPR may require an in-person or in-home examination as determined by the attending veterinarian.

SECTION 3: CONSENT TO TELEHEALTH SERVICES

I understand that I will be receiving veterinary services via video telehealth consultation with Bark Meow Now. By signing below, I acknowledge and agree to the following:

3.1 Nature of Telehealth Services

Telehealth consultations are conducted via live video and may include triage assessment, general health guidance, chronic disease monitoring, and care coordination. These services are not a substitute for in-person veterinary examination when a hands-on assessment is medically necessary.

3.2 Risks of Telehealth



I understand that the following risks are inherent to telehealth services:

- Information transmitted may be insufficient (e.g., poor video resolution) for optimal clinical decision-making.
- Electronic communications may be intercepted, forwarded, stored, or altered without the knowledge of either party.
- Despite reasonable security measures, electronic communications cannot be fully secured against unauthorized access.
- Technical failures (equipment, connectivity, software) may interrupt or delay a consultation.
- Incomplete medical history may result in adverse drug interactions, allergic reactions, or diagnostic errors.

3.3 Prescription Limitations

I understand that telehealth prescriptions are subject to legal limitations. A virtual VCPR consultation is limited to no more than 14 days of antibiotics. Controlled substances cannot be prescribed via telehealth under a virtual-only VCPR. Additional in-person or in-home evaluation may be required before certain medications can be dispensed.

3.4 In-Person Referral

I understand that I may be required to schedule an in-person or in-home veterinary appointment if the information obtained during a telehealth consultation is not sufficient to make a diagnosis or to provide appropriate care.

3.5 Emergency Disclaimer

Telehealth is NOT appropriate for emergencies. If my pet is experiencing an emergency — including but not limited to difficulty breathing, collapse, severe trauma, active bleeding, seizures, or suspected poisoning — I will immediately contact an emergency veterinary hospital and will not rely on telehealth services.

SECTION 4: FEES, PAYMENT & CANCELLATION POLICY

Fee Schedule:

- Standard Exam: \$95
- Recheck Appointment: \$45
- Emergency/Urgent Consultation: \$180

Payment is due at the time of service via credit/debit card. Payments are processed securely through Stripe, a third-party payment processor. By providing your payment information, you acknowledge that your card details will be handled by Stripe in accordance with their privacy policy and PCI-DSS security standards. Bark Meow Now does not store your full card information.

Cancellation & No-Show Policy:

- Cancellations made with less than 24 hours' notice will be charged the full Standard Exam fee (\$95).



- No-shows (failure to join the scheduled appointment without prior notice) will be charged the full Standard Exam fee (\$95).

SECTION 5: TEXT MESSAGE COMMUNICATION CONSENT

Bark Meow Now may use SMS text messaging to communicate with you regarding appointment confirmations, reminders, follow-up care instructions, and other practice-related communications. Message frequency will vary based on your care needs.

Message & data rates may apply depending on your mobile carrier and plan. You are responsible for any fees charged by your carrier.

You may opt out of text message communications at any time by replying STOP to any message. To re-enroll, reply START. For help, reply HELP or contact us directly.

We will not sell or share your mobile number with third parties for marketing purposes.

- ☐ I consent to receive SMS text messages from Bark Meow Now at the phone number provided above regarding my appointments and patient care.
- ☐ I DO NOT consent to SMS text messages. (I understand I will be contacted by phone call or email only.)

SECTION 6: SESSION RECORDING & MEDIA RELEASE

6.1 Appointment Recording for Medical Documentation

I understand that my telehealth appointment may be recorded for the purpose of generating a medical record (SOAP note) via AI-assisted scribing (ScribeNote). Recordings used for this purpose are processed solely for clinical documentation and are not retained beyond the time required to generate the medical record. These recordings will not be shared with third parties except as required for patient care or as required by law.

- ☐ I consent to the recording of my telehealth appointment for medical documentation purposes only.
- ☐ I DO NOT consent to session recording for medical documentation. (I understand that alternative documentation arrangements will be required and may affect the efficiency of my consultation.)

6.2 Optional: Photo, Video & Case Study Release

From time to time, Bark Meow Now may wish to use photographs, video clips, case descriptions, or other content related to patient consultations for educational, promotional, or social media purposes. This section is entirely optional and has no effect on the care your pet receives.

If you grant permission, any content used will be de-identified to the extent possible, and your pet's name and your identifying information will not be disclosed without your additional written consent.



☐ I grant Bark Meow Now permission to use photographs, video, or anonymized case descriptions of my pet for educational or promotional purposes, including social media.

☐ I DO NOT grant permission for use of photographs, video, or case descriptions of my pet.

Social Media Tagging (optional):

☐ I also grant permission to tag or identify my pet by name on social media.

Pet's name for social media use (if applicable):

SECTION 7: MEDICAL RECORDS & PRIVACY

Patient medical records created during your telehealth consultations with Bark Meow Now are maintained securely. To request a copy of your patient's medical records, please contact us at:

760-800-8385 - barkmeow@barkmeownow.com

If you have any questions or complaints regarding the care provided by the attending veterinarian, you may contact the California Veterinary Medical Board at:

California Veterinary Medical Board | 1747 N. Market Blvd., Ste. 230, Sacramento, CA 95834 | (916) 515-5220 | www.vmb.ca.gov

SECTION 8: WITHDRAWAL OF CONSENT

I understand that I may withdraw my consent to telehealth services at any time. Withdrawal of consent must be submitted in writing by email or written communication to the attending veterinarian. Withdrawal of consent does not affect fees owed for services already rendered.

SECTION 9: AUTHORIZATION & SIGNATURE

By signing below, I confirm that:

- I am of legal age (18 years or older) and am legally responsible for the patient described in this form.
- I have read, understood, and agree to all sections of this Telehealth Consent & Client Agreement.
- I acknowledge that no specific outcomes from telehealth services can be guaranteed or assured.

Client Signature:

Printed Name:

Date: _

For office use only — Date received: _____ by: _____