PAWsome Companions, LLC

# MEDICAL & RECOVERY CARE INTAKE FORM

For post-discharge, senior, chronic-care, mobility and medically complex support

**Purpose:** This form supplements the standard PAWsome Companions client intake. Complete it for any pet with current veterinary discharge instructions, a chronic condition, prescribed medication routine, recent surgery/hospitalization, mobility restriction, or other medically complex support need.

## 1. Client & Pet Information

| | |
|---|---|
| **Client / Responsible Party** _____ | **Best Phone** _____ |
| **Email** _____ | **Service Address** _____ |
| **Pet Name** _____ | **Species / Breed** _____ |
| **Age / DOB** _____ | **Weight (approx.)** _____ |

## 2. Treating Veterinary Team

| | |
|---|---|
| **Primary Veterinary Practice** _____ | **Treating Veterinarian** _____ |
| **Practice Phone** _____ | **Practice Email / Fax** _____ |
| **Emergency Hospital** _____ | **Emergency Phone** _____ |
| **Next Recheck Date / Time** _____ | **Specialist / Rehab Provider (if any)** _____ |

**Veterinary communication authorization status:** ☐ Signed ☐ Pending ☐ Not applicable

## 3. Current Medical / Recovery Situation

☐ Recent surgery
☐ Recent hospitalization / ER discharge
☐ Orthopedic recovery
☐ Neurologic / mobility limitation
☐ Diabetes
☐ Kidney / renal condition
☐ Cardiac condition
☐ Cancer / oncology
☐ GI / feeding issue
☐ Senior / geriatric support
☐ Strict crate rest / activity restriction
☐ Other chronic or acute condition

**Veterinarian-provided diagnosis / reason for discharge (as reported in written instructions):**

_____

_____

**Date of procedure / hospitalization / diagnosis:** _____

**Expected recovery or monitoring period:** _____

## 4. Written Veterinary Instructions

- ☐ Discharge paperwork received
- ☐ Medication list received
- ☐ Activity restrictions received
- ☐ Feeding/hydration instructions received
- ☐ Incision/wound observation instructions received
- ☐ Missed-dose instructions received
- ☐ Emergency/escalation signs received
- ☐ Recheck plan received

**Required for complex cases:** Attach or upload the current written veterinary/discharge instructions. PAWsome Companions does not create or modify a veterinary treatment plan.

## 5. Medication & Treatment Schedule

| Medication | Strength / Conc. | Dose | Route | Frequency / Time | With Food? | Storage |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**If medication is refused, vomited, dropped, spilled, delayed, or a dose may have been missed, veterinarian/owner instructions are:**

_____

_____

## 6. Advanced / Higher-Risk Requests - Management Review Required

- ☐ Insulin injection
- ☐ Other prescribed injection
- ☐ Subcutaneous (SQ/SubQ) fluids
- ☐ Wound / incision treatment beyond observation
- ☐ Bandage / dressing manipulation
- ☐ Catheter / line-related care
- ☐ Blood glucose testing
- ☐ Other invasive or treatment-related task

**Do not promise or schedule these tasks at intake:** A request, veterinary instruction, or owner authorization does not by itself make an advanced task acceptable. Management must verify legal scope, insurance coverage, caregiver qualification, written instructions, and case-specific safety before accepting the task. If not cleared in writing, the service plan must exclude the task.

## 7. Feeding, Hydration & Elimination

| | |
|---|---|
| **Diet / Food**<br>_____ | **Amount per Meal**<br>_____ |
| **Meal Times**<br>_____ | **Appetite Baseline**<br>_____ |
| **Water / Hydration Instructions**<br>_____ | **Urination Baseline**<br>_____ |
| **Stool Baseline**<br>_____ | **Litter Box / Potty Assistance**<br>_____ |

## 8. Mobility, Handling & Recovery Restrictions

- ☐ Crate / pen rest
- ☐ No jumping
- ☐ Harness / sling assistance
- ☐ Lift assistance
- ☐ Recovery suit
- ☐ Quiet room / reduced stimulation
- ☐ No stairs
- ☐ Leash-only potty breaks
- ☐ Non-slip flooring required
- ☐ E-collar / cone
- ☐ Separation from other pets
- ☐ Other restriction

**Handling or mobility instructions:**

_____

_____

**Known pain, fear, handling sensitivity, bite/scratch history, or restraint concerns:**

_____

_____

## 9. Baseline Observations

| | |
|---|---|
| **Normal Energy / Behavior**<br>_____ | **Normal Breathing Pattern**<br>_____ |
| **Normal Mobility**<br>_____ | **Normal Appetite**<br>_____ |
| **Normal Water Intake**<br>_____ | **Normal Urination**<br>_____ |
| **Normal Stool**<br>_____ | **Current Visible Incision / Recovery Area Baseline**<br>_____ |

## 10. Escalation & Emergency Plan

**Veterinarian-defined signs that require a call to the practice:**

_____

_____

_____

**Signs that require emergency evaluation / ER transport per veterinary instructions:**

_____

_____

| | |
|---|---|
| **Primary Client Contact**<br>_____ | **Secondary Contact**<br>_____ |
| **Primary Vet**<br>_____ | **Emergency Hospital**<br>_____ |

**Emergency transport authorization on file:** ☐ Yes ☐ No ☐ Pending

**Maximum authorized emergency expenditure without additional approval (if applicable): $**_____

## 11. Requested PAWsome Support

☐ Recovery check-in visit
☐ Extended recovery supervision
☐ Specialty overnight care
☐ Senior / chronic-care support
☐ Medication routine support within approved scope
☐ Mobility / potty assistance
☐ Pet taxi / recheck transportation
☐ Feeding / hydration routine support
☐ Objective recovery documentation
☐ Other

**Requested service dates / times:** _____

**Client's biggest concern / reason support is needed:**

_____

_____

## 12. Internal Acceptance Review

| | |
|---|---|
| Written veterinary plan reviewed | ☐ Yes ☐ No ☐ N/A |
| Requested tasks within approved PAWsome scope | ☐ Yes ☐ No ☐ Pending |
| Insurance requirements verified if needed | ☐ Yes ☐ No ☐ Pending |
| Assigned caregiver competency verified | ☐ Yes ☐ No ☐ Pending |
| Emergency / escalation plan complete | ☐ Yes ☐ No ☐ Pending |
| Case status | ☐ Accepted ☐ Accepted with limits ☐ Pending ☐ Declined |
| **Reviewed By**<br>_____ | **Review Date**<br>_____ |

**Client acknowledgment:** The information above must remain current. The client is responsible for promptly notifying PAWsome Companions of any change in diagnosis, medication, dosage, route, frequency, veterinary instructions, activity restrictions, or emergency plan before the next service.

**Client / Responsible Party Signature:** _____

**Date:** _____

PAWsome Companions, LLC

# MEDICAL CARE AGREEMENT & VETERINARY COMMUNICATION AUTHORIZATION

Supplemental agreement for Veterinary Discharge & Recovery Support

**Draft for California attorney review:** This agreement is designed as an operational risk-management document, not a substitute for legal advice. Before full launch, have California counsel and your insurer review the final version, especially any provision involving medication administration, injections, fluids, wound-related care, emergency transport, or veterinary communication.

## 1. Purpose & Relationship to Other Agreements

This Medical Care Agreement & Veterinary Communication Authorization ("Agreement") supplements PAWsome Companions, LLC's standard service agreement, policies, intake forms, and care plan. If a conflict exists, the more restrictive safety requirement applies unless PAWsome Companions confirms otherwise in writing.

The purpose of this Agreement is to document the parties' responsibilities when PAWsome Companions provides professional pet-care support to an animal with current veterinary discharge instructions, prescribed medications, a chronic condition, post-operative restrictions, mobility needs, or another medically complex home-care routine.

## 2. PAWsome Companions Is Not a Veterinary Practice

PAWsome Companions is a professional pet-care provider. It does not diagnose disease, prescribe medication, establish a veterinary treatment plan, interpret diagnostic tests, independently change a dose or treatment, or replace the treating veterinarian. Veterinary diagnosis, prescribing, treatment decisions, and services reserved by law to licensed veterinary professionals remain with the veterinary team.

## 3. Owner Responsibilities

- Provide complete, accurate, current written veterinary instructions before service begins.
- Provide medication in the original labeled container when reasonably available, together with current dosage, route, frequency, storage, food requirements, and missed-dose instructions.
- Immediately disclose any medication or treatment change before the next visit; do not rely on a handwritten note or text message that conflicts with current written instructions without management confirmation.
- Provide sufficient food, medication, supplies, recovery equipment, mobility aids, litter/potty supplies, and safe access to the pet.
- Disclose bite/scratch history, handling sensitivity, pain behaviors, restraint concerns, and any condition that could affect caregiver safety.
- Maintain an active treating veterinary relationship and provide primary and emergency veterinary contact information.
- Provide an emergency decision and transport plan, including financial authorization where requested.

## 4. Scope of Accepted Services

Only services specifically accepted by PAWsome Companions are included. A veterinarian's instruction, owner request, prior experience, or demonstration does not automatically authorize PAWsome Companions to perform a task. PAWsome may accept, limit, modify, or decline any requested task based on applicable law, insurance, caregiver competency, the pet's behavior, available documentation, and safe working conditions.

**Advanced-task rule:** Injections, insulin administration, subcutaneous fluids, wound treatment, bandage/dressing manipulation, glucose testing, catheter/line care, and other invasive or treatment-related procedures are NOT approved unless management gives case-specific written clearance after legal/scope and insurance review. If clearance is absent, staff must not perform the task.

## 5. Medication Routine Standards

- Caregivers follow the current approved written schedule and do not independently change dose, route, timing parameters, frequency, or discontinue medication.
- If a dose is refused, vomited, spilled, dropped, delayed, or may have been missed, caregivers will not automatically repeat or replace the dose unless the current written veterinary instruction expressly directs that action.
- If instructions are unclear, contradictory, illegible, or inconsistent with the labeled medication, the task may be withheld while clarification is sought.
- PAWsome Companions cannot guarantee that every pet will voluntarily accept medication or tolerate handling; safety and welfare take priority over forced completion.

## 6. Observation, Documentation & Escalation

Caregivers document objective observations and tasks completed. They do not diagnose the cause of a change. Meaningful concerns are escalated according to the current care plan. When appropriate, PAWsome may contact the client, treating veterinary practice, or emergency hospital and document those communications.

## 7. Emergency Care & Transport Authorization

If PAWsome reasonably believes the pet may require urgent or emergency veterinary evaluation, it will attempt to follow the client's current emergency plan. When delay could materially threaten the pet's welfare and the client cannot be reached, PAWsome may contact the designated veterinarian/emergency hospital and, if authorized by the client's other agreements or this Agreement, transport the pet for evaluation. The client remains responsible for veterinary fees, transportation charges, and related expenses.

| |
|---|
| **Preferred Emergency Hospital** _____ |
| **Emergency Phone** _____ |
| **Maximum Authorized Veterinary Spend Without Additional Approval** _____ |

## 8. Veterinary Communication Authorization

I authorize PAWsome Companions, LLC and its designated caregivers/managers to communicate with the veterinary practices listed in my care plan for the limited purpose of supporting my pet's current home-care routine. This may include requesting or confirming discharge instructions, medication directions, activity restrictions, missed-dose instructions, escalation parameters, recheck information, and reporting objective observations or incidents relevant to the current care plan.

I authorize the veterinary team to disclose to PAWsome Companions information reasonably necessary to support that purpose, including current written instructions, medication information, and discharge/recovery restrictions. This authorization does not authorize PAWsome Companions to direct veterinary treatment or make medical decisions reserved to the veterinarian.

☐ Authorization applies to primary veterinary practice

☐ Authorization applies to specialty / referral practice

☐ Authorization applies to emergency hospital

☐ Authorization applies to rehabilitation provider

**Authorization expiration:** ☐ End of current service period ☐ Until revoked in writing ☐ Other: _____

## 9. Acknowledgment of Home-Care Risks

The client understands that medically complex pets may change rapidly and that home support does not eliminate the risks associated with illness, surgery, prescribed medication, mobility limitation, stress, refusal of care, adverse reactions, or delayed complications. PAWsome Companions will use reasonable professional care within the services it has accepted, but cannot guarantee a particular medical or recovery outcome.

## 10. Safety, Handling & Right to Stop or Modify Care

- PAWsome may stop or modify a task when the pet is showing escalating fear, pain, aggression, respiratory distress, collapse, severe weakness, or another condition that makes continued handling unsafe.
- Caregivers will not use force beyond approved humane handling practices simply to complete a non-emergency task.
- If a requested task becomes unsafe, unclear, outside approved scope, or inconsistent with current instructions, PAWsome may suspend that task and contact the client/veterinary team.

## 11. Changes to Veterinary Instructions

A new diagnosis, medication, dose, route, treatment, activity restriction, or emergency instruction must be reported before the next service. PAWsome may require updated written veterinary documentation and management review before implementing the change. Staff may not rely on an owner's request to override an existing veterinary instruction when clarification is needed.

## 12. No Guarantee of Advanced Procedure Availability

The client understands that PAWsome Companions may offer professional recovery support while declining an advanced treatment procedure. In that circumstance, the client remains responsible for arranging the procedure with an appropriately authorized person or veterinary facility. Acceptance of general recovery care does not imply acceptance of injections, fluids, wound treatment, glucose testing, or other veterinary-treatment tasks.

## 13. Client Representations

☐ I have provided the current written veterinary/discharge instructions.

☐ I have disclosed all medications and treatment changes.

☐ I have disclosed known handling, bite, scratch, and restraint risks.

☐ I understand PAWsome Companions does not replace veterinary care.

☐ I understand advanced treatment requests require separate written approval.

☐ I authorize veterinary communication as described above.

☐ I understand that veterinary and emergency expenses remain my responsibility.

## 14. Signatures

| **Client / Responsible Party Name** _____ | **Pet Name(s)** _____ |
|---|---|

**Client / Responsible Party Signature:** _____

**Date:** _____

**PAWsome Companions Representative:** _____

**Date:** _____

**Internal use:** Attach the approved Medical & Recovery Intake Form, current written veterinary instructions, and any case-specific Advanced Task Clearance to this Agreement.

PAWsome Companions, LLC

# MEDICAL & RECOVERY CARE SOP MANUAL

Internal standards for Veterinary Discharge & Recovery Support

**Controlled document:** This manual is an internal operating framework. It does not expand the legal scope of any caregiver. Where this manual, veterinary instructions, insurance requirements, or applicable law conflict, staff must stop and escalate to management. Advanced tasks require written management clearance before performance.

## Document Control

| | |
|---|---|
| Document Owner | Founder / Operations Management |
| Applies To | All PAWsome caregivers, managers and contractors/employees assigned to recovery or medically complex cases |
| Version | 1.0 - September 2026 |
| Review Cycle | At least annually and after any relevant legal, insurance, incident, service-scope or workflow change |
| Training Requirement | Read + competency verification before medical/recovery assignment |
| Attorney/Insurance Review | Required before full advanced-procedure launch |

## Core Operating Principles

- VETERINARY PLAN FIRST - follow the current written veterinary instructions; do not diagnose or improvise treatment.
- OBJECTIVE DOCUMENTATION - record what was observed and done, not what the caregiver thinks the diagnosis is.
- NO UNAPPROVED ADVANCED TASKS - never perform an invasive or treatment-related task without case-specific written clearance.
- SAFETY OVERRIDES COMPLETION - do not force a task when handling becomes unsafe for the pet or caregiver.
- ESCALATE EARLY - uncertainty, contradiction, refusal of essential care, adverse response, or meaningful deterioration requires communication.
- ONE CURRENT CARE PLAN - outdated instructions must be removed or clearly superseded to reduce medication error risk.

## SOP 01 - Case Intake & Acceptance

**Purpose:** Ensure each medically complex case has enough information to be evaluated safely before scheduling.

### Procedure

1. Receive the Medical & Recovery Intake Form and current written veterinary/discharge instructions.

2. Identify every requested task, including medications, mobility assistance, restrictions, transport, and any advanced procedure.
3. Confirm veterinarian and emergency-hospital contacts.
4. Flag contradictions, missing dose/route/frequency information, expired or unlabeled medication, unclear emergency instructions, and handling risks.
5. Separate general recovery-support tasks from advanced or treatment-related tasks.
6. Management assigns one status: Accepted; Accepted with Limits; Pending Clarification; Declined.
7. Only accepted tasks are entered into the active care plan.

### Escalate / Stop When

- Missing or contradictory veterinary instructions
- Requested task may fall outside legal/insurance/company scope
- Pet cannot be safely handled with available staffing/equipment
- No emergency plan for a medically fragile pet

### Required Documentation

- Case acceptance status
- Reviewer name/date
- Approved task list
- Any excluded task and reason

**Control Point:** No caregiver may verbally expand the accepted task list at the client's home.

## SOP 02 - Medication Reconciliation Before First Visit

**Purpose:** Reduce medication errors by creating one current, verified medication list.

### Procedure

8. Compare veterinary instructions, medication labels, owner-provided schedule, and Walkies care plan.
9. Confirm medication name, concentration/strength, dose, route, frequency, administration window, food instructions, storage, and missed-dose instructions.
10. If two sources conflict, do not choose one. Escalate for clarification.
11. Mark discontinued or superseded instructions as inactive; do not leave competing instructions visible in the active workflow.
12. Record where each medication is stored and any required measuring device.

### Escalate / Stop When

- Label does not match written instructions
- Medication appears expired, damaged, contaminated, or improperly stored
- Dose, route, concentration, or timing cannot be verified

### Required Documentation

- Medication reconciliation completed
- Source of current instructions
- Clarification obtained and from whom

## SOP 03 - Routine Oral / Topical / Non-Invasive Medication Support

**Purpose:** Standardize approved non-invasive medication support.

### Procedure

13. Perform the pre-visit care-plan check before handling medication.
14. Confirm the correct pet, medication, dose, route, and scheduled time against the active care plan.
15. Observe food requirements or other written prerequisites.
16. Use the least-stress approved handling method.
17. Document whether the dose was completed, partially completed, refused, spilled, vomited, or uncertain.
18. Never automatically repeat an uncertain dose unless the current written veterinary instruction expressly directs it.

### Escalate / Stop When

- Pet shows severe distress or escalating aggression
- Caregiver is uncertain whether medication was swallowed/administered
- Adverse reaction is suspected
- Medication instructions conflict

### Required Documentation

- Scheduled time
- Medication/dose/route
- Outcome
- Any client/vet contact

**Control Point:** Do not chart “medication given” unless the caregiver has reasonable confirmation that the approved administration was completed.

## SOP 04 - Missed, Refused, Vomited, Spilled or Uncertain Dose

**Purpose:** Prevent double-dosing and unsafe improvisation.

### Procedure

19. Stop and identify exactly what occurred.
20. Do not repeat or replace the dose based on personal judgment.
21. Check the current written missed-dose instructions.
22. If the instructions directly address the situation, follow them within the accepted scope.
23. If they do not, contact the client and/or treating veterinary team according to the care plan.
24. Document the event and all instructions received.

### Escalate / Stop When

- Potential overdose or double-dose
- Pet vomits repeatedly, collapses, becomes severely weak, has respiratory difficulty, seizure activity, or other emergency sign
- Unable to reach decision-maker for a time-sensitive medication

### Required Documentation

- Time of event
- What was observed
- Estimated amount completed if known
- Who was contacted
- Instruction received
- Action taken

# SOP 05 - Advanced Task Clearance

**Purpose:** Prevent unauthorized performance of injections, fluids, wound treatment, glucose testing or similar tasks.

## Procedure

25. Flag the request at intake.
26. Management confirms whether current California law and company structure permit the task as proposed.
27. Management obtains written insurance confirmation when coverage is uncertain or procedure-specific.
28. Obtain current written veterinary instructions and case-specific parameters.
29. Verify the assigned caregiver's documented competency and any required supervision/authorization.
30. Issue a written Advanced Task Clearance identifying the exact task, pet, instructions, caregiver, effective dates, and limits.
31. If any element is missing, the task remains NOT APPROVED.

## Escalate / Stop When

- Any change in medication, route, dose, supplies, condition, or veterinary instruction
- Caregiver is not the person named/approved
- Pet behavior makes the task unsafe
- Legal or insurance status is uncertain

## Required Documentation

- Clearance document
- Supporting veterinary instructions
- Insurance/legal verification if applicable
- Competency sign-off

**Control Point:** Owner consent or veterinarian instruction alone is not a PAWsome management clearance.

# SOP 06 - Post-Operative / Post-Hospitalization Recovery Visit

**Purpose:** Provide consistent non-diagnostic home support after discharge.

## Procedure

32. Review procedure date, restrictions, feeding/medication plan, emergency signs, and recheck schedule before arrival.
33. On arrival, observe general responsiveness, posture, mobility, breathing effort, environment, and recovery equipment without diagnosing.
34. Complete only approved tasks: safe potty break, feeding/hydration routine, restricted-activity support, mobility assistance, cone/recovery-suit management, companionship, medication support within scope, and documentation.
35. Protect restrictions such as no stairs, no jumping, leash-only elimination, or crate/pen rest.
36. Compare observations to the documented baseline and escalation parameters.
37. Leave the recovery environment safe, clean, and set up for the next interval.

## Escalate / Stop When

- New or worsening bleeding/discharge
- Incision opens or equipment fails
- Repeated vomiting/diarrhea
- Collapse, respiratory difficulty, seizure, severe weakness
- Pet cannot urinate/defecate when veterinary instructions identify this as urgent
- Sudden marked pain behavior or mobility loss

### Required Documentation

- Arrival/departure
- Food/water
- Elimination
- Mobility
- Restrictions maintained
- Visible recovery-area observations
- Medication-related outcome
- Escalation if any

## SOP 07 - Incision / Wound Observation - Non-Treatment

**Purpose:** Standardize visual observation without crossing into diagnosis or unapproved wound treatment.

### Procedure

38. Only observe areas the care plan authorizes the caregiver to view safely.
39. Describe objectively: dry/moist, visible discharge color, odor noticed, swelling observed, edges appear together/separated, pet licking/chewing, bandage visibly intact/slipped/wet.
40. Do not probe, squeeze, clean, apply products, re-bandage, remove staples/sutures, or manipulate a wound unless separately approved as an advanced task.
41. Photograph only when client policy/authorization allows and image is useful for documentation.
42. Escalate according to veterinary parameters.

### Escalate / Stop When

- Active bleeding
- Wound separation
- New significant swelling
- Foul odor or new discharge
- Bandage soaked, slipped, chewed, or compromising circulation
- Pet persistently traumatizing the area

### Required Documentation

- Objective description
- Photo if appropriate
- Who was notified
- Instructions received

**Control Point:** Avoid diagnostic terms such as “infected,” “seroma,” or “dehisced” unless quoting the veterinarian.

## SOP 08 - Senior / Chronic-Care Visit

**Purpose:** Provide reliable recurring support while watching for meaningful change.

### Procedure

43. Review the pet’s documented baseline and chronic-care routine.
44. Complete approved feeding, hydration access, medication support, elimination assistance, mobility help, environmental setup, and companionship.
45. Observe changes in appetite, water intake, elimination, gait, breathing effort, responsiveness, and ability to perform normal routines.
46. Document changes factually and compare to baseline.

47. Escalate meaningful changes rather than waiting for the next scheduled visit.

### Escalate / Stop When

- Marked decline from baseline
- Repeated refusal of food/water when clinically relevant per care plan
- New inability to stand/walk
- Respiratory difficulty
- Repeated vomiting/diarrhea
- Collapse/seizure/altered responsiveness

### Required Documentation

- Baseline comparison
- Tasks completed
- Objective changes
- Escalation

## SOP 09 - Mobility Assistance & Restricted Activity

**Purpose:** Prevent falls, overexertion and violation of veterinary restrictions.

### Procedure

48. Confirm permitted surfaces, stairs, distance, harness/sling, lift method, and number of caregivers required.
49. Prepare the route before moving the pet: doors open, obstacles removed, non-slip surface in place.
50. Use only approved equipment and humane body mechanics.
51. Keep elimination breaks controlled and within prescribed limits.
52. Prevent stairs/jumping/running when restricted.
53. Stop if the pet cannot safely bear weight, becomes distressed, or handling exceeds caregiver capacity.

### Escalate / Stop When

- Fall or near-fall
- New inability to bear weight
- Sudden pain response
- Caregiver cannot safely move pet
- Required two-person assist but only one approved caregiver is present

### Required Documentation

- Assistance method
- Distance/activity
- Elimination
- Any mobility change or incident

## SOP 10 - Eating, Drinking & Elimination Documentation

**Purpose:** Create consistent, useful recovery observations.

### Procedure

54. Record what was offered and approximate amount consumed when relevant.
55. Record drinking only if observed; do not infer water intake from bowl level alone unless care plan specifically uses measured volumes.
56. Record urination and stool when observed, including only objective descriptors needed by the care plan.

57. Do not diagnose dehydration, UTI, constipation, diarrhea cause, or other condition.
58. Escalate when written veterinary parameters are met.

### Required Documentation

- Food offered/consumed
- Water observation or measured amount if instructed
- Urination
- Stool
- Any escalation

## SOP 11 - Client & Veterinary Communication

**Purpose:** Ensure clear, timely, factual communication.

### Procedure

59. Use approved PAWsome communication channels whenever possible.
60. Lead with the objective concern, time observed, and relevant care-plan context.
61. Do not speculate about diagnosis or treatment.
62. When veterinary clarification is needed, identify yourself as the professional pet caregiver supporting the owner's home-care plan.
63. Read back critical instructions when appropriate and document the name/role of the person providing them.
64. Update the client after veterinary communication unless doing so would conflict with an emergency response.

### Required Documentation

- Date/time
- Person contacted
- Method
- Facts reported
- Instruction received
- Action taken

## SOP 12 - Emergency Recognition & Response

**Purpose:** Provide a consistent response when a pet may be unstable.

### Procedure

65. Stop nonessential tasks and ensure immediate environmental safety.
66. Assess only observable signs needed to follow the emergency plan; do not attempt diagnosis.
67. Follow the pet-specific written emergency instructions.
68. Contact the client and designated veterinarian/emergency hospital as directed.
69. If emergency transport is authorized and required, use the safest practical transport method and bring relevant medication/instruction information when feasible.
70. Notify PAWsome management as soon as operationally possible.
71. After the immediate emergency is addressed, complete an incident report.

### Escalate / Stop When

- Collapse/unresponsiveness
- Seizure lasting beyond the pet-specific threshold or repeated seizures
- Marked respiratory distress
- Uncontrolled bleeding

- Suspected severe allergic/adverse reaction
- Extreme weakness or inability to stand
- Any veterinarian-defined emergency sign

### Required Documentation

- Timeline
- Observed signs
- Contacts/attempts
- Transport details
- Veterinary destination
- Incident report

## SOP 13 - Emergency Transport

**Purpose:** Standardize transport when a client has authorized veterinary evaluation.

### Procedure

72. Confirm destination and notify the facility when possible.
73. Use safe restraint/transport equipment appropriate to the pet and condition.
74. Bring or electronically provide current medication list, discharge instructions, and client contact information when available.
75. Do not administer unapproved treatment during transport.
76. Document departure, arrival, handoff person, and any client communication.
77. Follow company policy regarding remaining with the pet and authorization for fees.

### Escalate / Stop When

- Pet cannot be safely transported by one caregiver
- Aggression or condition requires veterinary/animal-control transport support
- Destination instructs a different plan

### Required Documentation

- Departure/arrival
- Destination
- Handoff
- Client authorization
- Expenses/receipts

## SOP 14 - Pet Refuses Handling / Aggression / Fear Escalation

**Purpose:** Protect pet welfare and caregiver safety.

### Procedure

78. Use Fear Free-informed, least-intrusive handling and allow reasonable acclimation time.
79. Do not corner, chase, pin, or escalate force solely to complete a routine task.
80. Use approved tools/equipment already in the care plan.
81. If safety threshold is exceeded, stop the task and secure the pet/environment as safely as possible.
82. Notify the client and management; seek veterinary guidance when the missed task is medically significant.

### Escalate / Stop When

- Bite/scratch attempt or sustained threat display

- Pet cannot be safely approached
- Handling appears to worsen pain or respiratory effort
- Essential medication cannot be completed safely

### Required Documentation

- Behavior observed
- Handling attempted
- Task completed/not completed
- Contacts/instructions

## SOP 15 - Change in Instructions Mid-Service

**Purpose:** Prevent unauthorized care-plan changes.

### Procedure

83. When the owner reports a new dose/treatment/restriction, pause implementation if it changes the existing medical plan.
84. Request updated written veterinary instructions when appropriate.
85. Management reviews whether the change affects scope, insurance, caregiver assignment, duration, or price.
86. Update the active care plan only after approval.
87. Notify assigned caregivers of the superseded instruction and effective time.

### Escalate / Stop When

- Owner requests a dose change without veterinary documentation
- New advanced task is added
- Instructions are received from an unidentified source
- Change creates scheduling or competency conflict

### Required Documentation

- Old instruction
- New instruction/source
- Management approval
- Effective date/time

## SOP 16 - Incident Reporting & Medication Error Response

**Purpose:** Ensure prompt response and defensible documentation.

### Procedure

88. Address the pet's immediate safety first and follow emergency/medication-error instructions.
89. Notify PAWsome management immediately for suspected wrong pet, wrong medication, wrong dose, wrong route, duplicate dose, omitted critical dose, needle-stick, spill/exposure, injury, fall, escape, bite, or other significant event.
90. Preserve medication containers, labels, photos, timestamps, and communications as appropriate.
91. Contact veterinary resources according to management/emergency plan; do not conceal or minimize the event.
92. Complete the incident report before the end of shift when feasible.
93. Management determines insurer notification, client follow-up, staff retraining, or service suspension.

### Required Documentation

- Factual timeline
- Medication/task involved

- People notified
- Veterinary advice
- Outcome
- Corrective action

# SOP 17 - End-of-Visit Safety Check

**Purpose:** Prevent omissions when leaving a medically complex pet.

## Procedure

94. Confirm pet is in the correct recovery area and required restrictions are restored.
95. Confirm water access unless restricted by veterinarian.
96. Confirm medications/supplies are secured and stored correctly.
97. Confirm cone/recovery suit or mobility equipment is positioned as instructed.
98. Check doors, gates, crates/pens, litter/potty area, temperature/environment, and hazards.
99. Complete Walkies documentation and any required escalation before closing the visit.

## Required Documentation

- Visit completion status
- Any unresolved issue handed off to management/client

# SOP 18 - Medical / Recovery Documentation Standard

**Purpose:** Create records that are useful, professional and non-diagnostic.

## Procedure

100. Use exact times for time-sensitive tasks when possible.
101. Document task + observable result. Example: “Offered 1/2 cup prescribed food; approximately 3/4 consumed.”
102. Use neutral terms: “no drinking observed during visit,” not “dehydrated.”
103. Describe recovery areas without diagnostic conclusions.
104. Quote veterinary or client instructions when needed rather than presenting them as the caregiver’s opinion.
105. Correct errors transparently according to company record policy; do not delete or rewrite an incident to hide it.

**Control Point:** A good record lets another caregiver understand what happened without guessing and lets management reconstruct the timeline later.

# Caregiver Competency Framework

| Level | Examples | Minimum Requirements | Assignment Rule |
|---|---|---|---|
| R1 - Recovery Support | Post-op supervision, feeding/hydration, restrictions, documentation, simple mobility support | SOP training + supervised competency + pet handling approval | May perform only listed R1 tasks |
| R2 - Medication / Chronic Support | Approved oral/topical routines, senior/chronic care, more complex mobility | R1 + medication-safety competency + case review | Only approved non-invasive tasks |
| R3 - Advanced Task Candidate | Potential injection/fluid/treatment- | R1/R2 + task-specific training/credential as | No task may be performed without case-specific |

| | | | |
|---|---|---|---|
| | related task | applicable + management/legal/insurance clearance | written Advanced Task Clearance |

## Pre-Launch Management Checklist

☐ California veterinary-law attorney has reviewed service scope and client documents.

☐ Insurer has provided written confirmation of covered medical/recovery activities and exclusions.

☐ Advanced procedures not cleared are removed from public pricing/marketing or clearly marked “subject to review.”

☐ Medical & Recovery Intake Form is integrated into new-client workflow.

☐ Medical Care Agreement & Veterinary Communication Authorization is required for medically complex cases.

☐ Walkies has structured recovery/medication documentation fields or a standardized template.

☐ Caregiver competency levels and sign-offs are documented.

☐ Emergency transport and financial authorization language aligns with the standard service agreement.

☐ Incident reporting and insurer-notification workflow is documented.

☐ Veterinary referral materials use the same scope language as operations.

## California Scope Reference - Internal Only

This summary is for issue-spotting and policy control, not legal advice. Management should verify current law with California counsel before relying on it.

| Authority | Operational Takeaway |
|---|---|
| BPC § 4825 | California generally makes it unlawful to practice veterinary medicine without a valid veterinary license. |
| BPC § 4826 | The statutory definition of veterinary practice includes administering a drug, medicine, application or treatment for prevention, cure or relief of animal injury/disease, subject to specified exceptions/delegation rules. |
| BPC § 4827(a)(1) | The owner may practice on the owner’s own animals; the exemption extends to bona fide employees of the owner and persons assisting the owner gratuitously. The statute does not state a general paid third-party pet-sitter exemption. |
| 16 CCR §§ 2034-2036.5 | California regulations define direct/indirect supervision and veterinary health-care tasks for RVTs and veterinary assistants; veterinary-assistant task rules are tied to supervision and animal-hospital settings. |
| California VMB Office Staff Guidance | The Board describes unlicensed veterinary staff as veterinary assistants working under veterinary supervision and notes that restricted tasks remain subject to DVM/RVT/VACSP rules. |

Official sources reviewed for this draft: California Legislature, Business & Professions Code §§ 4825-4827; California Veterinary Medical Board 2026 Veterinary Medicine Practice Act; VMB RVT Job Tasks / Office Staff guidance. Verify again at each annual review or before adding a new advanced procedure.