



## CLIENT RELEASE OF DFPS LIABILITY FOR PET NEEDS

### ADULT PROTECTIVE SERVICES (APS) - IN-HOME

**Purpose:** To release DFPS from any liability regarding pet care and services.

**Instructions:** The APS specialist should complete this form along with the Service Authorization form. If the client is unable to sign due to medical or other emergency and there is no other representative, the APS specialist should document this on the signature line. A copy of this form may be provided to the client, legal representative, or service provider. Attach photo of each pet for identification purposes.

**Directions:** After completing this form place in the case file as an external document. A copy of this form may be provided to the client, legal representative, or service provider.

CLIENT INFORMATION				
Client's Full Name:	IMPACT Case #:	Client's Phone Number:		
Name and Photo of Pet:				
PET NEEDS SERVICE PROVIDER				
Name of Provider:				
Provider Address:				
City:	County:	State:	Zip Code:	
Provider Phone Number:	Contact Person:		Account Number:	
Type of Service:				
RELEASE OF LIABILITY				
I waive any and all claims, actions, or demands of any nature foreseen or unforeseen, that I may have against DFPS related to care, control, health, grooming and/or safety of my pet. I allow DFPS to disclose limited information about my pet for promotional purposes.				
SIGNATURES				
Client, Legal Representative, or Responsible Family Member			Date Signed:	
DFPS Caseworker:			Date Signed:	