

# ALABAMA VETERINARY PROFESSIONALS WELLNESS PROGRAM (AVPWP)

## Continued Assistance Agreement

This agreement is designed to assist health professionals following successful completion of a 5 year monitoring agreement. The purpose of the continued assistance agreement is to provide documentation of urine drug screen monitoring. This may be helpful to veterinarians and other veterinary professionals in continuing to document their drug free status.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**Addresses**

Home:				
Office:	Street Address	City	State	Zip
Other:	Street Address	City	State	Zip
Other:	Street Address	City	State	Zip
	Street Address	City	State	Zip

**Phones**

Home:			
	Phone	Mobile	Fax
	Other		

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

\*(Place asterisks beside preferred telephone number. Mail will be sent to your home address marked "Confidential and Personal.")

Significant other or emergency contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

1. I, \_\_\_\_\_, D.V.M. agree to notify AVPWP in writing if I wish to terminate or modify this agreement. \_\_\_\_\_ **(Initials)**
  
2. I agree to abstain from any and all mood-altering chemicals (including but not limited to alcohol, marijuana, tranquilizers, sedatives, stimulants, narcotics, ultram (tramadol), nubain, antidepressants, and soporifics, androgenic steroids, scheduled and/or unscheduled drugs, mood altering over-the-counter medications, etc.) except as prescribed by my physician and only after consultation with AVPWP. If any mood altering and/or potentially addictive medications are required I will have my prescribing physician supply documentation to AVPWP verifying the need for said medication, and if ongoing, will renew verification every 90 days. I also agree that I will not consume poppy seeds and I will not consume ethyl alcohol in any form (alcohol "free" wine or beer, mouthwash, cough syrup, in food, communion wine or in any other form). \_\_\_\_\_ **(Initials)**
  
3. I will submit to urine/blood/sputum/hair or other screening tests. These screens will be random, observed, and chain of custody. AVPWP with or without cause, may request additional tests. I will participate in random testing at least 3-5 times per year or as follows:  
\_\_\_\_\_.
  
4. I agree to notify AVPWP of changes in my office or home address or telephone number.  
\_\_\_\_\_ **(Initials)**
  
5. I understand that if I fail to meet the conditions of this agreement, I may lose the support of the AVPWP. \_\_\_\_\_ **(Initials)**
  
6. I will attend the Caduceus meeting weekly. \_\_\_\_\_ **(Initials)**
  
7. Drug screen test results will be provided to: (Initial all that apply)
  - a. The Alabama Veterinary Board of Medical Examiners \_\_\_\_\_ **(Initials)**
  - b. Other: (List name and address \_\_\_\_\_ **(Initials)**  
\_\_\_\_\_  
\_\_\_\_\_

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**Participant's Signature**

**Date**

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**Alabama Veterinary Professional Wellness Program**

**Date**