

PLEASE NOTE: This form is a template only and must be completed using the specific information required by your jurisdiction. No attempt was made to ensure that this form includes all information required in all jurisdictions. Failure to include required information may result in civil or criminal liability, including fines. This form should only be used in compliance with your jurisdiction's closure order(s), and only if your jurisdiction includes veterinary services as a business that can continue to offer essential services during the closure period. The AVMA provides this form "as is" with no warranties of any nature and accepts no liability for its use.

COVID-19 Essential Employee Authorization Letter

The bearer of this letter is an employee [*insert "contingent worker or contractor" only if allowed by your jurisdiction*] who is responsible for a critical function at _____

_____ (veterinary practice name) in _____
_____ (city, state).

_____ (veterinary practice name) is a veterinary practice and we appreciate your support in allowing our colleagues to travel during the curfew/stay at home order as we continue to provide essential health care for animals and public health assistance in the community.

[*Insert additional or different text required by your state, if any*] _____

Signature Date

Signed by: _____ (Supervisor/Manager)
(Print Name)

If you have questions about this person's affiliation with _____ (veterinary practice), please contact _____ at _____ (mobile phone number).