



**No Damage Beyond  
Our Control**

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**You Can Stake Your  
Claims on Us**

## U.S. CAT ADJUSTERS, LLC

### DRUG TESTING POLICY DISCLOSURE AND CONSENT FORM

#### **Policy:**

All employees and or independent representatives entering into a contractual agreement to provide services to U.S. Cat Adjusters must pass a drug test, if asked prior to the inception of the agreement. U.S. Cat Adjusters will not enter into an employment or Independent Representative Services Agreement with anyone who tests positive for illegal use of drugs.

#### **Consent Form:**

I understand that I may be asked to provide a blood or urine sample for testing to determine the presence of alcohol, drugs, or controlled substances in my system. I understand that I do not have to provide such a specimen. However, If I choose not to do so, my refusal may result in revocation of an offer to contract or my dismissal with U.S. Cat Adjusters.

I hereby give my consent to and authorize U.S. Cat Adjusters, its agents, servants, employees and/or chosen physician to take a blood or urine specimen and to release such specimen to a testing laboratory, hospital or other person or service for testing. I hereby give consent to and authorize U.S. Cat Adjusters, its agents, servant employees, physicians and any such testing laboratory, hospital, person or service to conduct drug test and to release the results of the test or other information concerning the specimen to any person or firm designated by U.S. Cat Adjusters.

I hereby release U.S. Cat Adjusters and their officers, agents, servants, employees and physicians, any laboratory, hospital, person or facility responsible for testing from any and all claims, causes of action, damages or liability relating to the testing or use and dissemination of test results, including, but not limited to , all claims for injuries or damaged arising out of our relating to collection of specimens, procedures, the release of information or results concerning such testing, or any action taken as result of such testing and/or test results.

\_\_\_\_\_ I consent to provide a blood or urine specimen.

\_\_\_\_\_ I refuse to provide a blood or urine specimen.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_