

Long Meadow Veterinary Clinic Policies Acknowledgement and Consent

Client Communication & Care Policy Consent

I acknowledge that I have read and understand the **Client Communication & Care Policy** of this veterinary practice and agree to abide by its terms.

I understand and agree that:

- 1. Veterinary–Client–Patient Relationship (VCPR):**
All veterinary services are provided within a valid Veterinary–Client–Patient Relationship (VCPR) as defined by the Texas Veterinary Practice Act.
- 2. Respectful Communication:**
I am expected to communicate with clinic staff in a respectful, calm, and professional manner. Disrespectful, discriminatory, disruptive, or abusive behavior—including profanity—will not be tolerated and may result in termination of the VCPR.
- 3. Care Recommendations and Consent:**
I will receive explanations of my pet's condition, recommended care, and associated costs. I understand that my consent (written or documented verbal consent) is required prior to non-emergency treatment.
- 4. Emergency Care:**
In emergency or critical situations, I authorize the veterinary team to initiate lifesaving care as deemed medically necessary until a detailed treatment plan and cost estimate can be provided.
- 5. Client Responsibilities:**
I am responsible for providing complete and accurate information regarding my pet's health, medications, nutrition, home care, and any concerns that may affect diagnosis or treatment.
- 6. After-Hours Care:**
I understand that this clinic does not provide medical consultation outside of normal business hours and that I am responsible for seeking veterinary or emergency care when needed.
- 7. Termination of Relationship:**
I understand that failure to comply with clinic policies may result in termination of the VCPR. I further understand that termination will not occur during an active medical emergency and that I will be provided access to my pet's medical records to ensure continuity of care.

By signing below, I acknowledge that I understand and agree to this communication and care policy.

Payment & Financial Policy Consent

I acknowledge that I have read and understand the **Payment & Financial Policy** of this veterinary practice and agree to the following:

1. **Payment Responsibility**

I understand that payment in full is due at the time services are rendered and prior to patient discharge or the dispensing of medications or products.

2. **Deposits**

I understand that a deposit for part or all of the anticipated cost of care may be required before services are provided.

3. **Estimates**

I understand that estimates or treatment plans are not guarantees of final cost and that actual charges may vary by up to **15%** due to medical findings, changes in treatment needs, or my pet's response to care.

4. **No Refunds or Returns**

I understand that all sales are final and that prescription medications, medical products, services, and procedures are non-refundable and non-returnable once dispensed or provided.

5. **No Guarantee of Outcome**

I understand that veterinary care involves inherent uncertainties and that no guarantees can be made regarding outcomes, effectiveness, or individual response to treatment.

6. **Additional and Future Care**

I understand that follow-up visits, recheck examinations, additional diagnostics, medication refills, booster vaccinations, and care related to complications or adverse reactions are separate care events and will result in additional charges.

By signing below, I acknowledge and accept financial responsibility for the care provided to my pet.

Appointment, Cancellation & No-Show Policy Consent

I acknowledge that I have read and understand the **Appointment, Cancellation & No-Show Policy** of this veterinary practice and agree to the following:

1. **Appointment Responsibility**

I understand that appointment times are reserved specifically for my pet and that the clinic makes every effort to accommodate all pets needing care. I agree to arrive on time for scheduled appointments and to notify the clinic as soon as possible if I anticipate being late or unable to attend.

2. **Cancellation and Rescheduling**

I understand that at least **24 hours' notice** is required to cancel or reschedule an appointment. I acknowledge that repeated cancellations with less than 24 hours' notice may result in a requirement for a non-refundable deposit to schedule future appointments for any pets in my household.

3. **No-Show Appointments**

I understand that failure to arrive for a scheduled appointment without prior notice may result in a requirement for a non-refundable deposit to schedule future appointments for any pets in my household.

4. **Late Arrival**

I understand that arriving late may result in a longer wait time, a work-in consultation fee, conversion to a drop-off appointment, or rescheduling, depending on availability. I acknowledge that repeated late arrivals may result in a non-refundable deposit requirement for future appointments.

5. **Non-Refundable Deposits**

I understand that deposits may be required for certain appointment types or scheduling circumstances and are collected at the time of scheduling when applicable.

I acknowledge that deposits are **non-refundable**, apply only to the specific appointment for which they are collected, and may not be transferred to other appointments, services, or products.

I understand that if I fail to provide at least 24 hours' notice of cancellation or do not arrive for the appointment as scheduled, any deposit on file for that appointment will be forfeited.

6. **Household Applicability**

I understand that appointment, cancellation, no-show, and deposit requirements may apply to **all pets in my household**, not solely to an individual patient.

By signing below, I acknowledge and agree to comply with this policy.

Prescription Medication Policy Consent

I acknowledge that I have read and understand the **Prescription Medication Policy** of this veterinary practice and agree to the following:

1. **Prescription Processing**

I understand that prescription refills require appropriate processing time and that I should allow up to 48 hours for refill requests.

2. **Outside Pharmacies & Written Prescriptions**

I understand that if I choose to fill prescriptions outside of the clinic, I will be provided a written prescription and am responsible for selecting a reputable pharmacy.

I acknowledge that the clinic is not responsible for medications or foods obtained from outside sources once a written prescription is provided.

3. **Off-Label Medication Use**

I understand that some medications may be prescribed in an off-label manner and that such use is common, legal, and based on veterinary medical judgment.

I consent to the use of off-label medications when recommended and release the clinic from liability related to adverse reactions arising from appropriate and customary off-label use.

4. **NSAID Medications**

I understand the potential risks and benefits of NSAID medications and the importance

of recommended blood work monitoring.

I acknowledge that declining recommended blood work increases the risk of serious or potentially life-threatening side effects.

I agree to stop NSAID medication and seek veterinary care immediately if my pet shows signs of illness or abnormal behavior while taking these medications.

5. **Client Responsibility**

I understand that it is my responsibility to follow dosing instructions exactly and to contact a veterinarian promptly if concerns or adverse reactions occur.

By signing below, I authorize the prescribing and dispensing of medications as medically appropriate for my pet.

Pet Drop-Off Policy Consent

I acknowledge that I have read and understand the **Pet Drop-Off Policy** of this veterinary clinic and agree to the following:

1. **Drop-Off Care Authorization**

I authorize the clinic to provide medically appropriate care, diagnostics, treatments, feeding, or fasting for my pet during their drop-off stay as determined by the attending veterinarian unless otherwise requested in advance.

2. **Preventive Care & Parasite Treatment**

I understand that my pet must be current on core preventive care unless medically contraindicated. I authorize treatment for fleas, ticks, or intestinal parasites if identified during my pet's stay and accept financial responsibility for such treatment.

3. **Personal Belongings**

I understand that personal items left with my pet are not guaranteed to be returned and that the clinic is not responsible for loss or damage to such items.

4. **Scheduled Pick-Up**

I understand that a specific dismissal time will be scheduled and that an authorized adult must retrieve my pet during the scheduled dismissal window.

5. **Failure to Pick Up**

I understand that failure to pick up my pet as scheduled will result in overnight hospitalization with appropriate care at my expense and that there are no staff members present in the facility overnight.

6. **Animals Left in the Clinic's Care**

I understand that if my pet remains in the clinic's care unexpectedly and the clinic is unable to reach me or an authorized agent, the clinic will follow Texas law regarding animals left in a veterinarian's care, including written notice by certified mail and possible transfer to an appropriate authority if the pet is deemed abandoned under Texas law.

7. **Financial Responsibility**

I acknowledge that I remain financially responsible for all care, boarding, and related charges incurred prior to disposition as permitted by law.

By signing below, I acknowledge and agree to this policy.

After-Hours Hospitalization Policy Consent

Client Acknowledgement and Consent

I acknowledge that I have read and understand the **After-Hours Hospitalization Policy** and discussed hospitalization options for my pet with the medical staff of this veterinary clinic.

1. **24-Hour Care Referral Discussion**

I understand that it is always ideal for pets requiring intensive monitoring, continuous treatment, or critical care to be hospitalized at a 24-hour veterinary facility with on-site medical staff and advanced capabilities. I acknowledge that I have been informed of referral options and encouraged to consider transfer to a 24-hour care facility.

2. **After-Hours Hospitalization at Long Meadow Veterinary Clinic**

I understand that Long Meadow Veterinary Clinic is **not staffed 24 hours a day**. During overnight hours, weekends, and holidays, there may be periods when **no staff members are physically present** in the facility.

3. **Risks of Unattended Hospitalization**

I understand that my pet's condition may change, worsen, or become life-threatening during periods when no staff member is present, and that complications may not be immediately recognized or treated. I acknowledge that these risks are increased for critically ill or unstable patients.

4. **Informed Decision and Consent**

After consideration of referral options, I voluntarily consent to after-hours hospitalization of my pet at Long Meadow Veterinary Clinic **in lieu of transfer to a 24-hour facility**, understanding the limitations and risks involved.

5. **Financial Responsibility**

I understand that I remain financially responsible for all hospitalization, treatments, and related care provided regardless of the outcome of the care even if my pet has complications and/or passes away during hospitalization or care.

By signing below, I acknowledge that I have been fully informed of my options and consent to after-hours hospitalization as described above.

Pet Microchip Policy Consent

I acknowledge that I have read and understand the **Pet Microchip Policy** of this veterinary clinic and agree to the following:

1. **Microchip Scanning Authorization**

I authorize the clinic to scan my pet for a microchip at the initial visit and periodically thereafter as part of routine veterinary care.

2. **Microchip Placement Authorization**

If no microchip is detected, I understand that microchip placement may be recommended. I authorize placement of a microchip when deemed medically appropriate by the attending veterinarian or as otherwise discussed with me.

3. **Registration**

I understand that when a microchip is placed by the clinic, my contact information on file will be used to register the microchip with the HomeAgain® lifetime microchip database unless otherwise disclosed.

4. **Owner Responsibility**

I understand that it is my responsibility to confirm that my pet's microchip is properly registered and to ensure that contact information remains accurate and up to date. I acknowledge that any assistance provided by the clinic to scan, verify, register, or correct microchip information is provided as a courtesy only.

5. **Limitations and Liability**

I understand that microchips are electronic devices and are not guaranteed to function indefinitely or be detected in all circumstances. I acknowledge that Long Meadow Veterinary Clinic is not responsible for microchip malfunction, failure of detection, database errors, or inaccuracies maintained by third-party registries.

By signing below, I authorize microchip scanning and consent to microchip placement and registration as outlined above.

Pet Image Policy Consent

I acknowledge that I have read and understand the Pet Image Policy of **Long Meadow Veterinary Clinic** and agree to the following:

1. **Authorization to Capture Images**

I authorize the clinic to take photographs and/or videos of my pet while my pet is in the clinic's care, and I may voluntarily share images or videos of my pet with the clinic.

2. **Permitted Use of Images**

I consent to the use of images or videos of my pet for medical documentation, client communication, educational purposes, marketing, social media, website content, promotional materials, and community outreach.

3. **Privacy Protection**

I understand that my personal identifying information will not be disclosed in connection with pet images without my express permission and that images will not be used to intentionally identify me unless separately authorized.

4. **Ownership and Editing**

I understand that images may be edited, cropped, or formatted for clarity or presentation purposes.

5. **Opt-Out Option**

I understand that I may revoke permission for marketing or educational use of my pet's images at any time by providing written notice to the clinic, and that opting out will not affect the medical care provided to my pet.

By signing below, I acknowledge and consent to the use of pet images as described above.

Client Attestation, Consent & Acknowledgement

I attest that I am the legal owner of the pet listed above or an authorized agent acting on behalf of the owner, and that I am at least eighteen (18) years of age.

I acknowledge that I have read, understand, and agree to the policies of Long Meadow Veterinary Clinic, including but not limited to policies regarding communication, payment and financial responsibility, appointments and cancellations, prescription medications, drop-off care, after-hours hospitalization, microchipping, pet image policy, and related consents.

By signing below, I consent to veterinary care as authorized and agree to comply with these policies. I understand that I am financially responsible for services provided as permitted by law.

I further acknowledge that it is my responsibility to inform any co-owners, authorized decision-makers, and any individuals authorized to drop off or pick up my pet of these policies, and I agree to ensure that such individuals comply with them.

I understand and agree that my electronic signature, digital acknowledgment, or electronic consent (including signatures executed via electronic devices, client portals, or practice management systems) is legally valid and enforceable to the same extent as a handwritten signature, in accordance with applicable Texas law.

Patient Name: _____

Client Printed Name: _____

Client Signature (Handwritten or Electronic): _____

Date: _____