

Fort Bliss Veterinary Treatment Facility

June 2020



STATEMENT OF UNDERSTANDING (SOU)

We are excited to announce the ability to hold a curbside Rabies Vaccination Clinic for the great people of Fort Bliss and their beloved pets. Although we would like to be able to serve everyone during this process there are some limitations. Below you will find a list of all requirements as availability allows. If your pet does not meet these requirements we ask that you continue to try and get an appointment with us or seek care with your off post veterinarian. We apologize for any inconvenience our disruption in service may have caused during this troubled time in our country. Please initial next to each of the following statements:

I must already be registered with the Veterinary Clinic prior to _____

I will bring the completed credit card authorization form to the appointed time slot

I will have all other forms filled out and sent to the Veterinary Clinic email prior to arrival

My pet is not over the age of 10 years old (dogs) and 12 years old (cats)

My pet is healthy and sound with no health issues (including minor illnesses). I understand that I will not be able to ask any health questions and any abnormalities noted will not be addressed during this vaccination clinic.

I will not receive any medication today, and any medication prescribed will need to be picked up at a later date. I understand that I will note my requests on my check in sheet for prescription completion at a later date only.

Payment information will be written on a credit card authorization form and an email with invoice enclosed will be sent to my email after payment transaction completed. (All CC Forms will be shredded upon receipt of payment).

I will remain in my vehicle at all times except to hand off my pet unless otherwise directed by veterinary staff

No cash or checks will be accepted at this appointment. This facility only accepts Discover, Mastercard, and Visa (American Express not accepted).

I understand that if I arrive and any of the information above is determined to not be fact, VETAC personnel may refuse service to me and my pet.

Client Name/Signature

Date

Supervisor Name/Signature