Fort Bliss Veterinary Treatment Activity

STATEMENT OF UNDERSTANDING (SOU)

 We are excited to announce the ability to hold a curbside 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 read each statement and initial next to each one:

 I must already be registered with the Veterinary Clinic prior to **January 13, 2021**.

 I will have all forms required filled out and emailed back to the Veterinary Clinic by **January 27, 2021**.

 My pet is not over the age of 8 years old (dogs) and 10 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 the day of the event. I understand that I will note my requests on my Vaccination and Preventatives sheet. All medications will be added to the total on the credit card authorization form. Medications will be available for pickup when all documents are ready.

 Payment information will be written on a credit card authorization form and all receipts will be added to paperwork for pick up. (All CC Forms will be shredded upon receipt of payment.)

 I will remain in my vehicle in the parking lot at all times except to hand off and received 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.

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Client Name / Signature Date Verified by Veterinary Staff Initial