



Stop The Cycle.

Wellness Services Consent Form

Pets Name: _____

- _____ I verify that I am of legal age and the legal owner of the animal named above and legally qualified to authorize SNAP to perform the services I have requested. I understand that I am responsible for the cost of all treatments, diagnostics and services performed and that payment is due prior to or by the end of the visit today.
- _____ I understand that SNAP wellness is for preventative services ONLY. This include but not limited to: vaccines, heartworm test, FIV/FelV test, Heartworm/Flea/Tick prevention. SNAP does not provide services for injured or sick pets and does not offer services as a full service veterinary clinic. A Veterinarian will perform a short exam on my pet to determine if my pet is healthy enough to receive vaccines today; or/and to develop a legal VCPR to prescribe treatment and medications to my pet. If in the course of the exam the Veterinarian finds any abnormal findings; the Veterinarian will discuss the need to follow up at a full service veterinary clinic for proper consultation, diagnostics and treatments. SNAP veterinarians will not discuss in detail or make detailed recommendations on diagnosis and treatments needed, that are outside of SNAP's scope of services
- _____ I understand that for the protection and wellbeing of my pet and the SNAP staff; SNAP reserves the right to refuse to see my pet or offer wellness services based on my pet's temperament, health status or owner's lack of compliance with SNAP's policies.
- _____ I understand that bringing my pet into an environment such as SNAP, can exposed them to certain contagious illness. I will not hold SNAP liable for any illness that my pet develops in the future.
- _____ I understand that vaccination will substantially reduce, but may not completely eliminate, my pet's chances of contracting the disease.
- _____ I understand all medical treatments including vaccinations can have a risk associated with it. In the event my pet develops any severe, unanticipated reaction such as: hives, swelling of face, vomiting or respiratory distress; I will contact a full service emergency veterinary hospital for immediate care at my own expense. PLEASE INFORM OUR STAFF IF YOUR PET HAS HAD A PREVIOUS VACCINE REACTION.
- _____ I understand that in some cases, Veterinary medical student externs might perform treatments on my pet under the supervision of a licensed Veterinarian.
- _____ A pet 6 months or older will only be seen once for wellness unless spayed/neutered. This will apply to the client/household for all pet's over 6 months after the first client visit.
- _____ It is SNAP policy to provide Heartworm, Flea, Tick and most medication prescriptions through our online pharmacy or _____ at the clinic (when available) ONLY.
- _____ All pets will be scanned for a microchip to document on their medical record.
- _____ A SNAP policy document has been made available to me. I have read the document and agree to follow SNAP policies.

I have had the opportunity to read this form in its entirety and I have had the opportunity to ask any questions prior to my signing this consent.

Signature: _____

Date: _____

In cases where an animal has been recently acquired, found on the streets, or does not have a well-known life history; contacting the microchip company (if microchip present) can give us some important information about the animal like age, sterility status (has it been spayed or neutered) or previous ownership. Sign below to authorize Spay-Neuter Assistance Program to contact the proper microchip company if one were to be detected.

Signature: _____

Summary of SNAP Policies

Declining Services: SNAP reserves the right to decline services due to, but not limited to: client not following policy, inappropriate behavior, aggressive pet, pet services outside our scope of work, if our veterinarian determine it is in the best interest of your pet to seek veterinary care elsewhere, if VCPR (veterinary client patient relationship) is not present or is being dissolved.

Client Communication: Our organization is committed to maintaining a positive and respectful working environment for all. Clients are expected to communicate with our staff in a professional and respectful manner. Verbal abuse, offensive language, threats, or any form of disrespect, will not be tolerated. Disregard for this policy may lead to termination of our services. The decision to terminate services it's at the Organization's discretion.

Contact us at: Info@snapus.org for service concerns or feedback, allowing 48 hours for response

Appointment Policies: Clients must be on time or cancel 24 hours prior to the scheduled appointment time. Consequences for "no show" are:

After 1 missed appointment: Non-refundable deposit may be required.

After 2 missed appointments: Appointment scheduling may be declined or pre-payment in full required.

Communication Responsibilities: Clients should read carefully all communication sent by SNAP. Confirmation/reminder email/texts, website information, and consent forms have important information. It is the client's responsibility to read and ask questions before services provided.

Surgery Acceptance Criteria: Certain breeds, age, or medical conditions are not accepted due to increase risk of complications. Acceptance of a patient for surgery may be clinic or veterinarian dependent. For additional information on what may or may not be an acceptable candidate for surgery with SNAP, please visit our [Declined and High risk surgery list](#) at SNAPUS.ORG. Not all cases can be listed, and some conditions may not be noted until the Veterinarian's exam on the day of surgery. SNAP's reserves the right to decline services for any reason.

Post-Surgery Follow-up: SNAP does not pay for medical treatment at other veterinary facilities. Anesthesia and surgery both have inherit risks. We offer free recheck exam for our surgery patients during business hours (cost of medications or treatments may apply). In some instances when complications occur outside of business hours, symptoms are not related to surgery, treatment requires tools SNAP does not have or treatment becomes an emergency to preserve your pet's life; you will be advise to seek care at a full service clinic or emergency clinic. **Clients are always responsible for these costs.**

Veterinarian Authorization: SNAP will not service animals that are too aggressive for our staff's safe handling. A SNAP veterinarian exam is required for all treatments. Negative SNAP heartworm test, or test results within 1 months of appointment are required for dog heartworm prevention prescription. All animals must present current Rabies vaccination proof at the time of service. Proof by veterinarian rabies certificate or veterinary medical record will be accepted (tags are not proof). If a animal has no proof of rabies vaccine, one will be administered at client's cost. Rabies vaccines are legally required for all dogs and cats in the state of Texas.

Prescription Policy: SNAP does not give written outside prescriptions for any medication including HW, flea, tick prevention.

Appointments and payments: SNAP will not provide services without a previous appointment scheduled except when a specific date/location has advertised available walk in appointments. Walk in appointments are not guaranteed. SNAP requires payment at time of service with no exceptions.

Surgery Policy: All animals presented for spay/neuter at SNAP will receive a tattoo to indicate sterilization. If your pet is found to have fleas/ticks while at our clinics, the veterinarian may apply treatment for these to prevent spread to other patients. Clients will be responsible to pay for the necessary treatment.

Wellness Policy: SNAP does not provide wellness services for pet's over 6 months that are not spayed/neutered. SNAP does not provide services for sick or injured animals.

Signature: _____

Date: _____