

Aloha Veterinary Center

Client Agreement of Hospital Policies and Procedures

The Doctors and staff at Aloha Veterinary Center value the health and well-being of your pet. In order for your pet to receive the most optimal care possible, here are some of our hospital policies you as a pet owner should be aware of:

Please read and initial after each of the following statements:

Payment Policy

In our practice, **payment is due at the time of service**. Pre-payment for urgent care and emergency appointments is due before your pet is seen. Failure to pay your balance within a month of service will result in a service charge. In the event that you were not charged for a service at check-out, you agree that you are still responsible for payment within one month of notification of your balance being due. Any overpayment will also be communicated and applied as a credit onto your account. Medications need to be paid in full before being taken home. If you have a balance on your account, no future appointments will be permitted until your balance is paid. We accept the following forms of payment: Visa, MasterCard, Discover, Cash, and Care Credit. Aloha Veterinary Center does not have a payment plan program. Initial ____

Heartworm Test and Heartworm Prevention Policies

Heartworm disease is a huge risk in Hawaii and life threatening for your pet. Prevention for heartworms is highly recommended and available in different forms. A heartworm test is required to purchase heartworm preventatives. Additionally, your pet must have a physical examination and be tested for heartworms once per year to continue heartworm prevention, to ensure that they have not acquired heartworms, and to meet the manufacturer's warranty. Administering preventatives to a pet that is positive for heartworm can be fatal. Initial ____

Vaccine Protocol

Canines should receive their 1st set of vaccines at 6 weeks of age. They will then receive their 2nd, 3rd, and 4th set of vaccines 3 weeks after the previous set was administered. After their 4th set of vaccines, it is strongly recommended they come back once a year for boosters. Felines should be tested for Aids and Leukemia as early as nine weeks of age; if all is negative, they will receive their 1st set of vaccines at that time. Three to four weeks later they will receive their 2nd set, and a 3rd set of vaccines may be recommended if your pet is under 16 weeks of age. After their 2nd set of vaccines, it is strongly recommended they return every year for boosters. Initial ____

Hospitalized Stay Policy

To protect the health of our patients, if parasites are discovered on your pet while hospitalized, a flea and tick treatment will be administered and charged to your account. Initial ____

Prescription Refill Policy

For your convenience, please call us 24-48 hours in advance for your pet’s prescription medications. Each prescription refill takes time to be approved by the Doctor and to be filled. There is a fee of \$3 for each prescription filled outside of the clinic. Initial _____

Appointment No Show Policy

In the event that you schedule an appointment and do not show or contact the office prior to the scheduled appointment time, you will be marked as a No-Show appointment. A No Show fee of \$45 will be charged to your account and will need to be paid prior to your next appointment. After two strikes of being a No-show appointment, you will be required to put a \$45 nonrefundable deposit to hold any future appointments. Initial _____

Code of Conduct Policy

We at Aloha Veterinary Center will care for your pets and communicate with our clients with care and respect. In return, we ask that all clients and visitors treat our staff and visitors with respect. Aloha Veterinary Center does not tolerate disruptive and disrespectful behavior to our staff. We have the right to refuse service to anyone. In the case you are disruptive or disrespectful to our staff, you will be forfeiting any future services by Aloha Veterinary Center. Initial _____

Media Release

I give Aloha Veterinary Center consent to use pictures or videos of my pet(s) for social media use to help educate the community about the daily life in our veterinary hospital.

Initial _____

I have read and agree to the terms and conditions listed above.

Print Full Name

Signature

Date

Address

Phone Number

Authorized User

Phone Number